Measuring Success and Focusing on Results

NWT Health and Social Services System 2011/2012 Annual Report

Northwest Territories Health and Social Services

October 2012 | www.hss.gov.nt.ca

Contents

Message from the Minister . . . 1
Our Goals and Priorities . . . 2
Overview . . . 3
- Structure of the System . . . 3
- Our Programs and Services . . . 4
- Our Employees . . . 6

Innovation in service delivery . . . 8
Measuring Success and Reporting on Results . . . 12
- Strategic Priority 1 - Enhance services for children and families . . . 19
- Strategic Priority 2 - Improve the health status of the population . . . 22
- Strategic Priority 3 - Deliver core community health and social services through innovative service delivery . . . 26
- Strategic Priority 4 - Ensure one territorial integrated system with local delivery . . . 29
- Strategic Priority 5 - Ensure patient/client safety and system quality . . . 32
- Strategic Priority 6 - Outcomes of health and social services are measured, assessed and publicly reported. . . . 34

Financial Highlights . . . 36
Appendices . . . 39
- Appendix 1: Report on Medical Care Plan. . . . 39
- Appendix 2: Organizational Chart. . . . 41
- Appendix 3: Major Publications . . . 42
- Appendix 4: Summary of Legislation . . . 43
- Appendix 5: Acronyms and Definitions . . . 46
- Appendix 6: List of Indicators and Data Sources. . . . 48

Message from the Minister

I am pleased to present the 2011/12 NWT Health and Social Services Annual Report. The theme of this year's Annual Report is: *Measuring Success and Focusing on Results.*

In 2011, the Department of Health and Social Services published its most recent strategic plan: *Building on Our Foundation*, 2011-2016. This is the first report addressing our results for the fiscal year 2011/12 and moves forward on my commitment to improve the overall accountability and public reporting on performance of the NWT Health and Social Services system.

The Strategic Plan focuses on six priority areas where we want to see improvement:

- Enhance services for children,
- Improve the health status of our population,
- Innovative delivery of core community health and social services,
- One territorial integrated system with local delivery,
- Ensure patient/client safety and system quality, and
- Measure, assess and publicly report on outcomes.

Implementing system-wide improvements is a major undertaking, requi g not only the investment of resources, but time to plan what needs to change and then do the actual work of putting those changes in place. Once changes are implemented, it may be years before the impact is evident in population health outcomes. This is why the Strategic Plan commits to reporting in two key areas - activities and outcomes. Reporting progress on activities that will lead to change demonstrates movement towards our long-term goals; while reporting on outcomes provides the baseline against which we can measure long-term, meaningful change in the health and well-being of our residents.

This report fulfills the first year's commitment to report on progress towards achieving the goals identified in the NWT Health and Social Services system strategic plan. Over the last year we have made considerable progress on our priorities, and I look forward to continuing to move forward on improvements to our system in partnership with health and social services authorities and other stakeholders.

Tom Beaulieu
Minister of Health and Social Services

Guiding Principles

Personal Responsibility - Individuals, families and communities have a lead role in achieving their own overall health and well-being

Collaboration - Working together to ensure individuals, families and communities make well informed decisions about their health and wellness

Core Need - Publicly funded programs and services that support basic health and social needs

Opportunities for Engagement - Communities provide input and advice on health and social service matters affecting their community

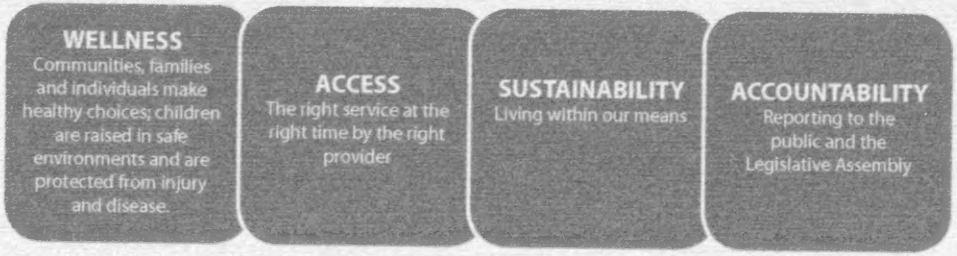
Patient/Client Safety - Health and social services are delivered within acceptable practice and clinical standards

Transparency - Outcomes are measured, assessed and publicly reported

Our Goals and Priorities

Mission: To promote, protect and provide for the health and well-being of the people of the Northwest Territories. Our vision for the future is healthy people, healthy families and healthy communities.

GOALS


WELLNESS
Communities, families and individuals make healthy choices; children are raised in safe environments and are protected from injury and disease.
ACCESS
The right service at the right time by the right provider
SUSTAINABILITY
Living within our means
ACCOUNTABILITY
Reporting to the public and the Legislative Assembly

PRIORITIES

Priority 1 - Enhance services for children and families

Priority 2 - Improve the health status of the population

Priority 3 - Deliver core community health and social services through innovative service delivery

Priority 4 - Ensure one territorial integrated system with local delivery

Priority 5 - Ensure patient/client safety and system quality

Priority 6 - Outcomes of health and social services are measured, assessed and publicly reported.

Overview

Residents of the Northwest Territories enjoy and expect a health and social services system that provides access to high quality services and is responsive to the needs of the population. The Department of Health and Social Services is committed to providing quality services in a way that makes the best use of public resources, ensures sustainability of the system, and focuses on client/patient safety and best practices.

Through partnerships and effective leadership we strive for ongoing quality improvement and the delivery of safe, responsive and integrated services that put the client first, enabling individuals to achieve positive outcomes through the promotion of healthy choices and responsible self-care.

In order to keep our system sustainable and responsive, we need to be innovative. We are always looking at new ways to improve the way we deliver services through primary community care approaches and the use of information technology such as electronic medical records, telehealth and digital diagnostic imaging equipment. We are also partnering with researchers to support innovation through evidence-based program and policy development.

Our system is built on people: people providing care to people. We are partnering with our health and social services professionals to improve quality and provide a safe environment for both our clients and our service providers. We are building a home grown workforce and providing ongoing professional development, training and support for our staff.

We are committed to achieving the priorities and goals set out in our strategic plan: *Building on Our Foundation*. We have set targets and are publicly reporting on results to ensure transparency and accountability to those we serve.

STRUCTURE OF THE SYSTEM

The NWT health and social services system is a highly complex system that spans a number of service providers, professionals, regional authorities, and delivery partners from both within and outside of the NWT.

The system is comprised of the Department, six regional health and social service authorities, the Tlicho Community Services Agency and the Stanton Territorial Health Authority (Authorities). In addition, there are a number of non-government organizations, and community and Aboriginal Governments, which play a key role in the delivery of many of our promotion, prevention and community wellness activities and services.

Beaufort Delta Health and Social Services Authority had a 2011-12 annual operating budget of $42,147,000 and serves a population of approximately seven thousand across the communities of Aklavik, Fort McPherson, Inuvik, Paulatuk, Sachs Harbour, Tsiigehtchic, Tuktoyaktuk, and Ulukhaktok.

Dehcho Health and Social Services Authority had a 2011-12 annual operating budget of $16,843,000 and serves a population of approximately three thousand four hundred across the communities of Fort Simpson, Fort Liard, Fort Providence, Fort Simpson, Hay River Reserve, Jean Marie River, Kakisa, Trout Lake, and Wrigley.

Fort Smith Health and Social Services Authority had a 2011-12 annual operating budget of $15,589,000 and serves a population of approximately two thousand five hundred in the community of Fort Smith.

Hay River Health and Social Services Authority had a 2011-12 annual operating budget of $26,573,000 and serves a population of approximately three thous..nd eight hundred in the communities of Enterprise and Hay River.

Sahtu Health and Social Services Authority had a 2011-12 annual operating budget of $11,595,000 and serves a population of approximately two thousand seven hundred across the communities of Colville Lake, Déline, Fort Good Hope, Norman Wells, and Tulita.

Stanton Territorial Health Authority, located in Yellowknife, had a 2011-12 annual operating budget of $105,693,000 and serves the entire territory.

Tłı̨cho Community Services Agency had a 2011-12 annual operating budget of $12,348,000 and serves a population of approximately three thousand across the communities of Behchokǫ̀, Gamètì, Wekweètì, and Whatì.

Yellowknife Health and Social Services Authority had a 2011-12 annual operating budget of $49,211,000 and serves a population of approximately twenty thousand nine hundred across the communities of Dettah, Fort Resolution, Łutselk'e, N'Dilo, and Yellowknife.

Structure of the System *continued*

The Department

The major responsibilities of the Department include:

- Establishing system-wide strategic direction and leadership; program planning, policy development, and establishing standards;
- Developing the legislative framework that supports the Health and Social Services system's mandate (see appendix for a full list of legislation the Department is responsible for);
- Quality Assurance through risk management, performance monitoring, and evaluation;
- Providing leadership in population health through communicable disease surveillance, socio-economic monitoring and mitigation, prevention and control to identify, respond to and prevent illness and disease;
- Providing leadership in social programs through wellness planning including innovative approaches to mental health and addiction services, and the application of leading practices in child and family services;
- Administering health insurance programs such the NWT Health Care Plan, the Extended Health Benefits and Metis Health Benefits Programs and the federal government's Non-Insured Health Benefits Program.
- Providing leadership in innovation and technology related to service delivery.

The Authorities

The Authorities are the delivery arm of the system and are responsible for providing residents with access to comprehensive primary community care, regional services and referral to territorial and out of territory services as required. The Stanton Territorial Health Authority provides access to hospital and specialist services for all residents of the NWT.

OUR PROGRAMS AND SERVICES

Individuals can access a broad range of programs and services either directly within their home community, remotely through telehealth and other e-health innovations, regionally, territorially or in some cases outside of the territory.

The Integrated Service Delivery Model (ISDM) philosophy and vision remains the cornerstone upon which our service delivery system is modeled. The ISDM is a team based, client centered primary community care approach that employs integration and collaboration across all service delivery partners. The vision of the ISDM is one where patients flow seamlessly across service providers and regions, where residents have equitable access to a consistent standard of quality care and services, and where the system is accountable to those we serve.

Under the current governance structure, each Authority is responsible for providing access to the following programs and services:

- Diagnostic and curative services;
- Mental health and addiction services;
- Promotion and prevention services;
- Continuing care services;
- Child and family services; and
- Rehabilitation services.

The Stanton Territorial Health Authority is responsible for providing access to hospital services for all residents of the NWT, as follows:

- In-patient services;
- Critical care services;
- Diagnostic and therapeutic services;
- Rehabilitation services; and
- Specialist services.

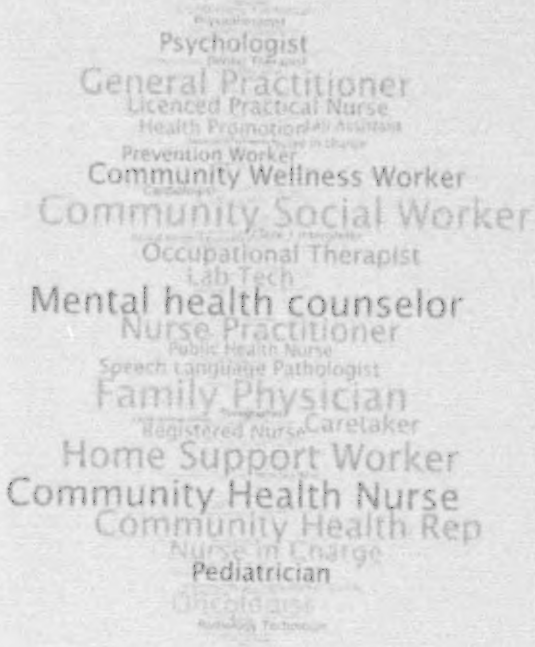
Non-government organizations and Community and Aboriginal Governments also play a key role in the delivery of promotion and prevention and community wellness activities and services. The Department and the Authorities fund non-government organizations for activities such as:

- Prevention, assessment, early intervention, and counseling and treatment services related to mental health and addictions services;
- Early childhood development;
- Family violence shelters and awareness;
- Tobacco cessation;
- In-house respite services for families with special needs; and
- Health promotion activities related to healthy choices.

Federal Wellness Funding

In 2011/12, a total of $7,061,703.00 in incremental Federal Wellness Funding was made available to NWT communities to offer community-based health promotion and prevention programming and services. Communities are able to design programs and services to best meet their needs.

- **Children and Youth Programs** are aimed at improving the health of mothers, infants and families and support the development of children and babies, in an effort to address the gap in health outcomes between Aboriginal and non-Aboriginal children.
- **Mental Health and Addictions Programs** for First Nations and Inuit with a focus on improving the access to and quality of culturally appropriate, community-directed mental health and child development. The goal is to support healthy families and communities where people can thrive.
- **Chronic Disease and Injury Prevention Programs** deliver services to Aboriginal, First Nations and Inuit Communities to reduce the rate of chronic diseases such as Type 2 diabetes and reduce injuries to levels that are consistent with other Canadians.



A broad range of health professionals work together to provide quality health and social services to NWT residents

OUR EMPLOYEES

The Health and Social Services system is based on front line service delivery where qualified, experienced and caring professionals work to meet the needs of our residents. Our success depends on the hard work, dedication and commitment of our staff to the continuous improvement in the quality of services delivered.

Often, when people access the health and social services system, they are not well; they are vulnerable and in some cases, suffering with mental health or addictions issues. In order to effectively meet the diverse needs of our residents we rely on the skills of a broad range of health and social services professionals and front line service providers.

Building a Workforce

Health and Social Services is committed to developing a northern workforce to promote sustainability and to ensure culturally appropriate care. Affirmative action policies ensure that Aboriginal and non-Aboriginal Indigenous applicants are given priority in the hiring process.

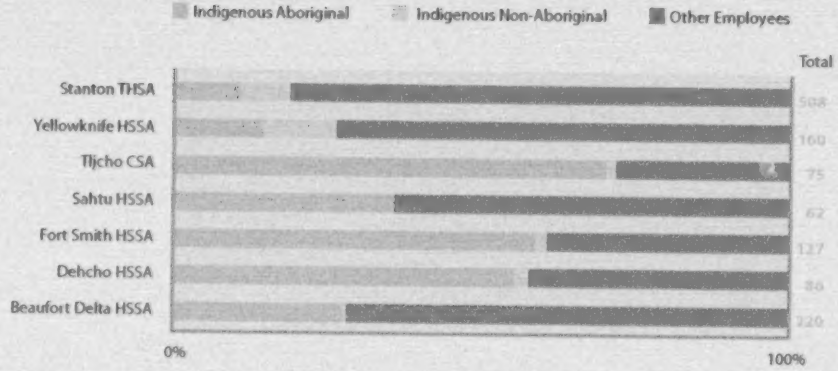
The Department of Health and Social Services, in partnership with the Department of Human Resources and Aurora College, supports a number of initiatives geared at strengthening the northern workforce by recruiting and retaining health and social services professionals. Health and Social Services spent over $2.9 million on such activities in 2011/12. The following programs were provided:

- Bursaries (medical school, nurse practitioners, academic, rural and remote practicums for health and allied health students, dental therapy, dental pharmacy, and post graduate studies)
- Community Health Nurse (CHN) Initiative
- Graduate Placement Program, Nursing
- Graduate Placement Program, Social Work
- Introduction to Advanced Practice (IAP) support to authorities

- Physician Recruitment Initiatives
- Residency Program
- Summer Student Program: Relevant Experience Program (REP) for Nursing and Social Work
- Professional Development Initiative (PDI)
- Recruitment and Retention Contributions (to NWTMA, RNANT/NU)

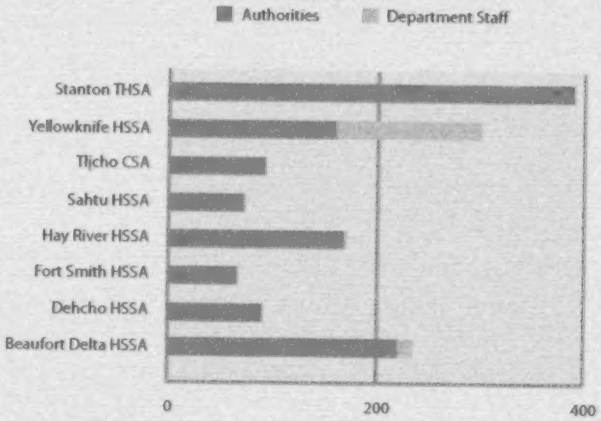
Future work will include the development of a comprehensive health and social services human resource strategic plan that will shape and guide recruitment and retention programs to ensure they are meeting the needs of the system.

Indigenous Employees by HSS Authority



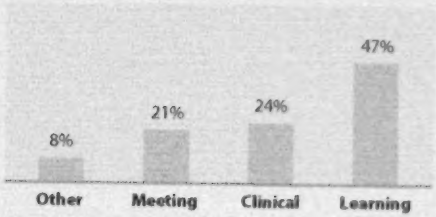
As at March 31, 2012 there were **1,316** funded positions in the Authorities and **142** employees in the Department

Staff by HSS Authority



Approximately **68%** of the Health and Social Services Authorities' budgets is allocated to compensation and benefits.

Percent of telehealth clients by session type for 2011/12



Innovation in service delivery

The health and social services system is committed to providing our residents with access to the best quality of care, regardless of where in the NWT they live. We are continually tailoring our approach to best match the needs of our clients and employing innovative new ways of delivering programs and services.

Bringing services to the client

To provide individuals with an alternative to residential treatment, requiring time away from home, the Fort Smith Health and Social Services Authority introduced the **Matrix Intensive Outpatient Treatment Program**. This is an abstinence-based addictions treatment program based on 20 years of research and development by a US private non-profit treatment centre. In 2010, the FSHSSA Counseling team was awarded the Premier's Award for Excellence for the Matrix Program and for demonstrating innovation by shaping the program to suit the community. The program builds on the existing resources within the community and for every intake the program is adjusted to best meet the dynamics of the group.

"The community needs to be ready to support wellness and change."
Participant, HSS Regional Dialogues

As of March 2012, there have been 184 individuals who completed the intake process and 87 individuals who have graduated from the program (47%). The program received positive anecdotal and verbal feedback, supporting the success of the program.

Communities are now using **Telehealth** to access an entire team of health care providers from medical specialists to physiotherapists. Long-term care clients use Telehealth to have Sunday visits with family and loved ones. Video conferencing units were installed in 32 NWT communities excluding the Hamlet of Enterprise so children can have their speech sessions right in their school.

Patients living in smaller communities now benefit from the expertise of radiologists in larger centres, and some medical travel can be avoided due to the **Digital Imaging (DI)** system (also known as PACS, for **Picture Archiving and Communications** systems). Previous to DI/PACS, film was processed in a community and mailed to a Radiologist in Yellowknife or the South, and elapsed time to have the image reviewed and results back could take up to 2 weeks. It can now be done in 2-3 days and in emergency cases, has been as fast as 35 minutes. DI/PACS is available in 22 communities across the north. This includes both Stanton Territorial Hospital in Yellowknife, Inuvik Regional Hospital and the following 20 communities:

- Hay River
- Fort Smith

- Behchokǫ̀
- Fort Simpson
- Deline
- Norman Wells
- Tulita
- Fort Good Hope
- Fort Resolution
- Fort Providence
- Whatì
- Gamèti
- Fort Liard
- Lutsel K'e
- Paulatuk
- Fort McPherson
- Aklavik
- Sachs Harbour
- Ulukhaktok, and
- Tuktoyaktuk.

The **Healthy Family Program** is a voluntary, intensive, in-home, early intervention program designed to improve the lives of children, from birth to five years of age, by focusing on improving family functioning. In 2011/12, Healthy Family Programs were offered in Yellowknife, Fort Smith, Hay River and the Tlicho communities, with plans for future expansion.

"Many [women] found it difficult to ask questions when one-on-one with a physician... [and] find group care provides more information and with less associated pressure."
Respondent, Healthy Pregnancy Group Evaluation.

Women who come to Yellowknife for labour and delivery now have the opportunity to access prenatal care in a group setting. **The Healthy Pregnancy Group** offers women an opportunity to learn more about healthy pregnancy and birth in a facilitated group setting, as they take turns with a physician who does routine prenatal check-ups. An evaluation of the Healthy Pregnancy Group revealed that women enjoyed attending the sessions, and staff preferred it to the traditional model of prenatal care (individual check-ups).

It was great to hear how youth throughout the Northwest Territories really feel about alcohol and drugs. I was also amazed by talented kids I've met in each community. The talent really shines through in the songs and videos.
Godson

Engaging youth

The **'My Voice, My Choice'** campaign empowers young people to speak out about addictions - how they have been affected, how their loved ones have been affected, and how their communities have been affected. The campaign involves Hip Hop music video workshops, held by local Hip Hop artist, Godson. Workshops have been held in Tulita, Fort Good Hope, Tuktoyaktuk and Aklavik. The videos are on You Tube and can be viewed by going to the **'My Voice, My Choice'** website at www.myvoicemychoice.com.

Engaging Youth *continued*

Free your mind from the addictions and sorrow
Starting today and not tomorrow
If we stand together we all can grow and heed our message, mahsi cho.

Excerpt from My Voice, My Choice video by Dene Leaders (youth B.Elemie, J.Ford, J.Roche, K.Taylor, and C. Tetso)

The Health Café, developed in Fort Smith, encourages young people to play an active role in health discussions, seeking support and receiving treatment if they require it. Topics include sexually transmitted infections, mental health and addictions, and pregnancy, among others. These services are provided by Public Health, Mental Health and Addictions workers and Nurse Practitioners. Information is also provided via phone or text.

The Purple Door in Hay River provides teens with health resources, gives the opportunity to access health services in the school and has a cell phone where students can call or text to get information. The Purple Door has been very well received by both students and educators.

The **NWT Sexual Health Social Marketing Strategy** gets sexual health information to NWT youth through a number of initiatives, including:

- **Respectyourself.ca** sexual health information website for youth in the NWT;
- Community and school visits promoting the Sexual Health Social Marketing Strategy;
- A youth sexual health themed comic book *'Kiss Me Deadly'* that presents youth with information on issues such as respect and communication in relationships, decision making, and healthy sexuality;
- *'Respect Yourself: A Sexual Health Lesson Plan Kit for the Northwest Territories'* (a compilation of lesson plans for educators who teach human sexuality to youth).

Advances in Technology

Women can now rely on improved breast cancer screening with the purchase of a new **digital mammography machine** for Stanton Territorial Hospital. This new piece of equipment will significantly improve the quality of images, allowing for earlier and more accurate detection of breast cancer. It also emits less radiation, and decreases the time it takes to perform the exam and to release results.

To fill physician coverage gaps in the Hay River Hospital during the summer months, an **"on-demand" emergency video link** was established in 2012 providing direct access to Stanton Territorial Hospital's Emergency department. This enabled staff in Hay River to have immediate access to Stanton for emergency consultation.

Promoting Healthy Lifestyles

Visitors to Stanton Territorial Hospital no longer need to worry about second hand tobacco smoke around the facility. Effective February 14, 2012, smoking and the use of tobacco products are not permitted by anyone on the property of Stanton Territorial Health Authority. If a patient would like to quit during their stay they will be

offered support and assistance. The policy also respects and accommodates the use of tobacco for traditional spiritual practices.

The new Tobacco Free policy at Stanton initiated a growing movement across Authorities to offer residents and our staff a tobacco free environment.

"The medical staff is proud to be a part of this tobacco free initiative. This policy has the chance to improve the health of hundreds of patients and their families."
Dr. Jim Corkal, STHA Medical Director

The **Mental Health First Aid (MHFA)** training course was developed to help people provide initial support for someone who may be developing a mental health problem or is experiencing a mental health crisis. The earlier that a problem is detected and treated, the better the outcome. Just as physical first aid is administered to an injured person before medical treatment can be obtained, MHFA is given until appropriate treatment is found or until the crisis is resolved. The program teaches people how to recognize the signs and symptoms of mental health problems and guides a person towards appropriate professional help.

On the land in NWT communities

In 2011/12 the Department made $25,000 available to every community in the NWT so they could offer On-the-Land programs for mental health and addictions treatment. Twelve Aboriginal communities took advantage of the funding and used it for activities such as arranging for elders to spend time teaching young adults traditional knowledge and skills; hosting hunting and trapping camps with elders and young men; on-the-land workshops; and on-the-land wellness retreats.

Other funding sources include the **Brighter Futures** program that supports children and youth to benefit from healthy families and communities.

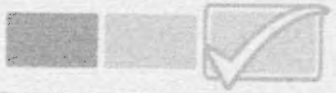
Using Evidence-Based Practices

To ensure that clients are receiving the best care possible, the Department of Health and Social Services is dedicated to providing programs and services that are based on the most up-to-date evidence available. We can maximize our in-house capacity by partnering with research organizations as a way to close the gap between research and practice. The Department established a partnership with the **Canadian Health Services Research Foundation (CHSRF)** to develop a comprehensive Chronic Disease Prevention and Management strategy. During 2011/12 CHSRF facilitated a number of workshops, bringing researchers, policy makers, and frontline staff together to discuss issues and develop a plan for improving chronic disease prevention and management in the Territory.

To assess whether programs and services are appropriate, all program evaluations investigate the extent to which programs are evidence-based.

Measuring Success and Reporting on Results

Summary of Results



PRIORITY ONE: ENHANCE SERVICES FOR CHILDREN AND FAMILIES		
Increase capacity of community to care for children and families at risk		**Status**
1.1.	Access to plain language information and material on the *Child and Family Services Act* and related programs and services - Year one, plain language materials completed	
1.2.	Provide support to communities to establish Child and Family Services Committees - Year one, and ongoing, provide training and support to communities to establish five committees per year where communities have identified willingness and capacity	
1.3.	Propose appropriate amendments to the Child and Family Services legislative framework - Year one, legislative review	
1.4.	Implement respite support in small communities for individuals and families that have children with disabilities - Year one, implement common assessment/case management tool	
1.5.	Expand the Healthy Family Program - Expand the the Healthy Family Program to two additional communities per year	
1.6.	Modernize Child and Family Services training available to families, communities, band administrators and providers - Year one, redesign training	
1.7.	Provide persons with disabilities appropriate access to sustainable programs and services. Current programs to support persons with disabilities include: Home Care, Respite, Day Programs, Assisted Living Programs, Employability Programs, and programming through Child and Family Services - No year one activities	Future Reporting

1.8.	Provide community education workshops related to the *Child and Family Services Act* - Year one, develop workshop	
1.9.	Develop information sharing protocols with partners to improve case management - No year one activities	Future Reporting
1.10.	Work with communities, to enhance the recruitment of foster parents - Year one, develop new recruitment approaches and partners	
1.11.	Publish plain language child and family service practice standards - Year one, write standards	
1.12.	Partner with communities on culturally appropriate child development and prenatal programming - Year one, Establish partnerships and develop programs	
PRIORITY TWO: IMPROVE THE HEALTH STATUS OF THE POPULATION		
In cooperation with communities and partners, implement health promotion, prevention, and self-care activities focusing on individuals most in need		**Status**
2.1.	Access to culturally relevant programs, information and tools to achieve better health outcomes as follows: - Establish a target for the number of patients that receive a quit smoking plan - Deliver health promotion activities aimed at keeping youth active - Incorporate comprehensive prenatal health information into ongoing primary care - Provide prenatal health (FASD, high risk births) - Develop and pilot projects aimed at weight loss for parents and children	
2.2.	Ensure access to comprehensive mental health and addictions (MHA) services by: increasing public understanding of MHA, integrating MHA programs into primary community care, improving access to services and increasing accountability - Year one, and ongoing, work with aboriginal governments to develop action plans that build on existing community assets and resources to provide services that best meet the needs of their community	

2.3.	Chronic Disease Management (CDM) Model which integrates mental health into the CDM model - Year one, develop a culturally appropriate CDM model - Focus action on community based supports for diabetes, mental health and renal care - Develop and implement CDM education and prevention programs	
2.4.	Improve communications so individuals and families know how and where to access services - Year one, develop a communication plan and culturally appropriate material in consultation with former clients, NGOs, and providers	
2.5.	Work with other GNWT departments, NGOs and communities to raise awareness, and reduce occurrence of family violence and elder abuse in the communities - Year one, establish partnerships and develop options for integrated delivery of supports by government and communities	
2.6.	Build community capacity to prevent and respond to suicide risks, and other mental health events - Year one, collaborate with communities in the delivery of suicide prevention training	
2.7.	In partnership with communities, NGOs, Aboriginal organizations and other GNWT Departments further implement the Healthy Choices Framework - Year one, develop actions aimed at encouraging individuals to make healthy choices	
2.8.	Work in partnership and provide support to communities, NGOs, Aboriginal organizations and other GNWT departments addressing HSS related prevention initiatives geared at reducing homelessness and poverty amongst high-risk groups - Year one, in collaboration with partners, identify HSS actions aimed at improving the overall health and well-being of individuals challenged with issues of homelessness and poverty	

PRIORITY 3: DELIVER CORE COMMUNITY HEALTH AND SOCIAL SERVICES THROUGH INNOVATIVE SERVICE DELIVERY		
Through innovative delivery ensure people have the majority of their health and social needs met by high quality community-based support and care		**Status**
3.1.	Update and modernize the Integrated Services Delivery Model (ISDM) to ensure that residents of the NWT have appropriate access to basic health and social services as needed - Year one, identify and assess barriers under the existing service delivery model	
3.2.	Develop a Territorial Midwifery program that would allow patients to access safe, quality service as close to home as possible - Year one, develop a territorial model and identify the resources required to implement	
3.3.	Develop a Territorial Support Network (TSN) based on networks of pooled expertise to support care providers in the field and provide oversight for medical evacuations and travel. This will include a virtual clinic to ensure ongoing support - Year one, pilot TSN	
3.4.	Training and support to allow families to care for individuals and loved ones in their home where appropriate. This includes homecare that responds to higher acuity discharged patients as well as allowing seniors to age in place and palliative care - Year one, identify training needs and existing supports in the communities	
3.5.	Partner with communities, voluntary sector and aboriginal organizations to develop home care support for individuals to remain in their homes and home communities for as long as possible - Year one, identify training needs and existing supports in the communities	
3.6.	Implement actions and changes required to allow homecare to respond to early discharge from southern hospitals and NWT acute care facilities. As well as assisting seniors to age in place - Year one, identify required resources and actions	
3.7.	Ensure that residents of the NWT are protected from injury and disease - No year one activities	Future Reporting
3.8.	Build capacity to ensure that residents of the NWT are protected from injury and disease including the capacity to control infections such as MRSA and TB - No year one activities	Future Reporting

3.9.	Integrate and modernize consistent standards, policies, best practices and decision making tools across the system. May include Community Health Nursing standards, management of chronic disease, renal dialysis, continuing care and long term care standards - Year one, gap analysis of existing standards and policies	
3.10.	Continue to use technology such as Telehealth, DI/PACs and electronic health records, to improve access to specialists, connect patients and local care providers with a virtual team to enable service delivery in home communities - Year one, develop a comprehensive IT Strategic Plan	
PRIORITY 4: ENSURE ONE TERRITORIAL INTEGRATED SYSTEM WITH LOCAL DELIVERY		
Ongoing sustainability of the system and best value for money		**Status**
4.1.	Appropriate access to services through a comprehensive and modern GNWT medical travel system and policy - Year one, medical travel business process implementation	
4.2.	Establish appropriate governance and accountability structures through role clarification, appropriate financial and accountability agreements and grants and contribution programs - Year one, include expected delivery standards in contribution/funding agreements	
4.3.	Establish an NWT system governance and accountability structure to ensure system leadership, risk management and accountability which links with GNWT and ensures a one system approach - Year one, review existing policies and contribution/funding agreements	
4.4.	Support Human Resources in developing a comprehensive recruitment plan for the HSS system including a service level agreement for recruitment and retention processes and activities that clearly sets out roles and responsibilities, timelines, and services to be delivered - Service level agreement between HR and the HSS system	
4.5.	Develop and implement appropriate governance and accountability structures for medical travel linked with back office service delivery - No year one activities	Future Reporting

4.6.	A modern Legislative Framework that supports the mandate of the NWT Health and Social Services System - Over the life of the 17th Legislative Assembly develop, review and propose Legislative amendments/updates	
4.7.	Infrastructure planning to ensure modern and safe facilities and medical and other equipment that meet current infection control standards and promotes efficient service delivery. This includes: - Support for information technology, biomedical equipment, small capital equipment, and ongoing renovations and upgrades to facilities	
PRIORITY 5: ENSURE PATIENT/CLIENT SAFETY AND SYSTEM QUALITY		
Build territorial and local capacity to ensure safety and quality of care		**Status**
5.1.	Ensure that individuals and families are informed of their role in accessing treatment and care and the role of family in supporting individuals undergoing treatment or care - Year one, disseminate plain language information for the public on palliative care and the role of the family and personal directives	
5.2.	Enhance retention of qualified staff by working with communities and partners to ensure that front line health and social services workers are provided with a safe and welcoming environment in which to work and live	
5.3.	Develop and implement a pharmacy strategy to improve management of drugs and other pharmaceuticals - Year one, develop and implement	
5.4.	Improve territorial standards for prevention and control of infections in health-care facilities. Build system capacity and oversight - No year one activities	Future Reporting
5.5.	Complete and implement an accountability framework for patient safety across authorities to ensure ongoing improvement of patient care - No year one activities	Future Reporting

PRIORITY 6: OUTCOMES OF HEALTH AND SOCIAL SERVICES ARE MEASURED, ASSESSED AND PUBLICLY REPORTED		
Ensure accountability of the system by reporting to the Legislative Assembly and the public		**Status**
6.1.	Monitor and report on client and patient satisfaction with their access to and experience with the health and social services system - Ongoing client satisfaction surveys and reporting of results	
6.2.	Improved monitoring and reporting of information - Ongoing public reporting of the performance results of the NWT health care system	
6.3.	Address the data compatibility issue and increase capacity for data collection, analysis, monitoring and reporting. This will allow HSS to monitor the performance of the system and publicly report - Year one, review existing data sources and identify the gaps	

Strategic Priority 1 - Enhance services for children and families

Increase capacity of community to care for children and families at risk

To meet the needs of children and families, the health and social services system continues to work with communities in establishing Child and Family Service Committees that allow plans of care for children to reflect community values and keep children safe in their home communities. Our focus is on the least intrusive approaches – mediation rather than the use of the courts, early intervention, and working with parents to prevent child protection concerns from arising.

REPORT ON RESULTS

Action 1.1 - Access to plain language information and material on the *Child and Family Services Act* and related programs and services.

We are on target for year-one in our strategic plan.

- Plain Language materials were published to help parents receiving services better understand and prepare for the steps ahead. Eight brochures were produced:
  - *What to do if you think a child is being abused or neglected.*
  - *Voluntary Services: How can Child & Family Services Help my Family?*
  - *CFS – Information for young people.*
  - *My child has been apprehended. What now?*
  - *Dealing with child protection matters in court.*
  - *What happens to a child in care?*
  - *Plan of care Agreements.*
  - *Child & Family Services Committees.*

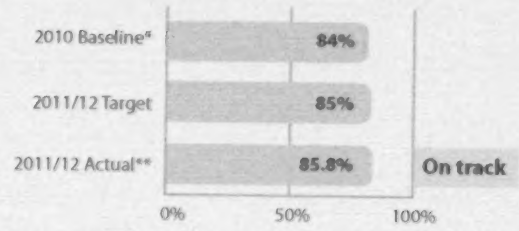
Action 1.2 - Provide support to communities to establish Child and Family Services Committees where communities identified willingness and the capacity to do so. Specifically we committed to providing training and support to communities to establish five committees per year.

This action is ongoing and we are making progress relative to our target for year-one in our strategic plan.

- In 2012, we offered Child and Family Service Committee training in Inuvik. Participants included staff from the Tlicho, Dehcho and Beaufort Delta.
- The Department continues to work with the Health and Social Services Authorities to encourage Aboriginal agencies and communities to develop their own Child and Family Services Committees. Meetings are being held in each region to provide information, training and support.
- Fort McPherson was the first community with a Child and Family Service Committee and the communities of Lutsel K'e, Colville Lake, and Fort Providence have expressed an interest.
- HSS completed a communication plan to further educate the public about the development of Child and Family Service Committees. Activities included the creation of a plain language brochure, provision of

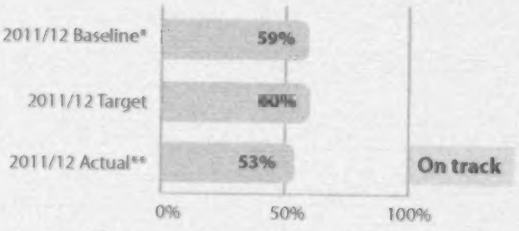
RESULTS AT A GLANCE

Percentage of children receiving services in their home community



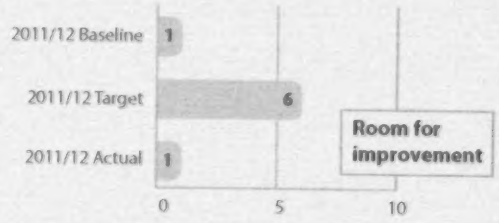
*as of Sept. 30, 2010 **as of Mar. 31, 2012

Percentage of children receiving services in their home or with a relative



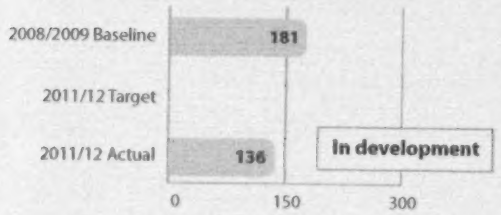
*as of Jan. 31, 2012 **as of Mar. 31, 2012

Number of communities with a Child and Family Services Committee initiated

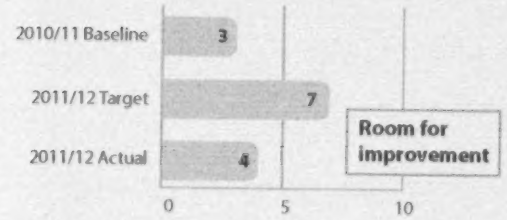


RESULTS AT A GLANCE

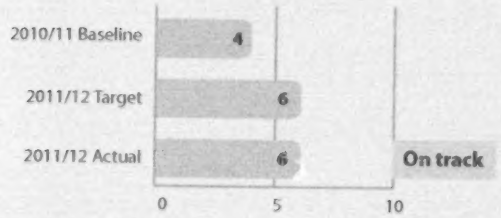
Number of foster families in the NWT (regular, provisional, and extended family)



Number of NWT communities where respite is available



Number of communities with a Healthy Family Program



Strategic Priority 1 *continued*

information via a toll free number in official languages, and updated information on the Department's website.

Action 1.3 - Propose appropriate amendments to the Child and Family Services legislative framework.

We are on target for year-one in our strategic plan.

- Based on the Standing Committee on Social Programs (SCOSP) review of the *Child and Family Services Act*, recommendations have been made for changes to the legislation. HSS is working with the Department of Justice and has developed a series of proposed amendments to the legislation. Initial steps are being taken to move this process towards completion.

Action 1.4 - Implement respite support in small communities for individuals and families with children with disabilities.

We are slightly behind our target for year-one in our strategic plan which was to have a common assessment and case management tool implemented across the system.

- As at the end of 2011/12, the Department worked with the Health and Social Services Authorities, an advisory committee, and non-government organizations to develop a Territorial Respite Model. Standards, policies and procedures have been finalized and work has started on developing an integrated case management model across the continuum of care.

Action 1.5 - Expand the Healthy Family Program to two additional communities per year, as resources allow.

We are on target for year-one in our strategic plan.

- The Healthy Family Program was expanded to the Beaufort-Delta and Dehcho Health and Social Services Authorities and will continue to expand to 2 additional communities per year as resources allow.

Action 1.6 - Modernize Child and Family Services training available to families, communities, band administrators and providers.

We are on target for year-one in our strategic plan

- Plain language materials were developed on Children and Family Services to educate families, communities, band administrators and service providers. These materials are currently available in five official languages with the remaining language translations to be completed in the next fiscal year.
- Statutory training for Child Protection Workers has been revised and modernized.
- Community presentations have been developed in PowerPoint format that can easily be disseminated to the HSS Authorities to make presentations within their communities. Departmental HSS website is being re-designed so that families, communities, bands and providers can access educational and training materials on-line.

Action 1.7 - Provide persons with disabilities appropriate access to sustainable programs

and services. Current programs to support persons with disabilities include: Home Care, Respite, Day Programs, Assisted Living Programs, Employability Programs, and programming through Child and Family Services.

Future reporting 2012/13

Action 1.8 - Provide community education workshops related to the *Child and Family Services Act*.

We are on target for year-one in our strategic plan.

- Workshop presentations on the *Child and Family Services Act* have been developed and are being delivered in communities who have expressed an interest.

Action 1.9 - Develop information sharing protocols with partners to improve case management

Future reporting 2012/13

Action 1.10 - Work with communities to enhance the recruitment and support of foster parents in the NWT. Specifically for year-one we committed to developing new recruitment approaches, enhancing support and training for foster parents and implementing kinship foster parent supports.

This action is in progress with work being completed towards our year-one target.

- The NWT Foster Family Coalition developed a draft handbook for foster parents detailing information on supports and guidance on common issues related to fostering. The Coalition plans to release the final handbook to foster parents across the NWT in the fall of 2012.

Action 1.11 - Publish plain language Child and Family Services practice standards.

We are on target for year-one in our strategic plan.

- Revision of the Child and Family Service practice standards is underway. The work is expected to be complete by the end of 2013.

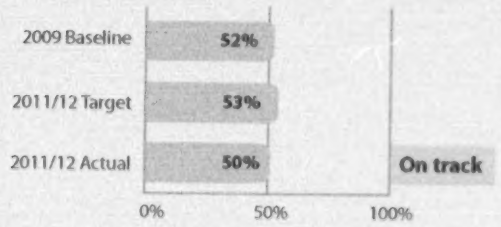
Action 1.12 - Partner with communities to develop culturally appropriate child development and prenatal programming

This action is in progress, and while we have made progress towards our year-one target, there is still work to do.

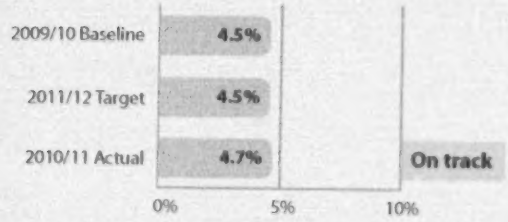
- HSS worked with service delivery partners to develop culturally appropriate child development and prenatal programming. Some of these activities include:
  - Pre/postnatal nutrition education, screening and support for mothers and babies up to one year. Also included is the healthy child and youth programming that promote healthy eating and life skills to support early child development.
  - Mental health and addictions programming, including traditional sewing and cultural activities, school counselors, elders storytelling, healthy cooking and food preparation, healthy snack and breakfast programs, literacy programs, as well as mom and tot programs. Training and capacity building opportunities are also offered to support first aid, babysitting, and injury prevention courses.

RESULTS AT A GLANCE

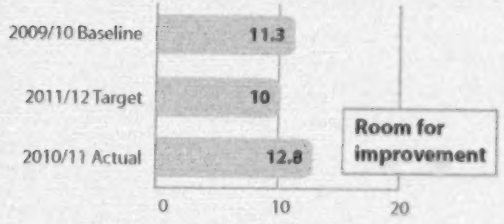
Self-reported health status: % of NWT Population reporting "excellent" or "very good" health



Ambulatory care sensitive conditions as a proportion of overall hospitalizations



Rate of hospitalizations where a mental health issue was the primary reason



(per 1,000)

Strategic Priority 2 - Improve the health status of the population

In cooperation with communities and partners, implement health promotion, prevention, and self-care activities focusing on individuals most in need

The potential for improved population health is maximized by targeting programs and prevention efforts to those individuals most in need. With a focus on promotion and prevention, we worked with communities, partners and individuals to ensure we are providing integrated, culturally appropriate programming that builds on existing capacities and resources in the communities.

REPORT ON RESULTS

Action 2.1 - Access to culturally relevant programs, information and tools to achieve better health outcomes

We have made significant progress on targets outlined in year-one of our strategic plan.

Promotion and Prevention Activities

- A youth sexual health comic book called *"Kiss Me Deadly"* was designed, written and published. The comic book was meant to educate youth about STI prevention, testing and other sexual health issues. Copies of the comic book have been distributed to all communities in the NWT via health centres and youth/friendship centres. The project was evaluated for success, relevance and cost-effectiveness in 2011/12. The evaluation concluded that this project made an impact on the population and met the goals and objectives of the Sexual Health Social Marketing Strategy.
- In 2011/12, we provided pre/postnatal nutrition education, screening and support for mothers and babies up to one year, as well as healthy child and youth programming that promote healthy eating and life skills to support early child development.
- The 'My Voice, My Choice' social marketing campaign empowers young people to speak out about addictions. The campaign involves hosting music video workshops by a NWT Hip Hop artist. Workshops for youth were held in Tulita, Fort Good Hope, Tuktoyaktuk and Aklavik.
- In 2011/12 funding was provided for culturally relevant programs including traditional sewing, storytelling, healthy cooking and food preparation, healthy snack and breakfast programs, literacy programs, as well as mom and tot programs. Training and capacity building opportunities are also offered to support first aid, babysitting, and injury prevention courses.

Smoking reduction

- We established a baseline and target for the number of smokers who report being counselled to quit smoking by their primary care provider.

Prenatal Health (FASD)
Incorporate comprehensive prenatal health FASD information into ongoing primary care

- Peer support groups are held in Yellowknife for older youth and adults affected by FASD
- Respite services are available for families with children who have FASD or other disabilities living in Yellowknife, Dettah and Ndilo.
- Support is provided for families with children affected by FASD and to youth and women who are at risk of drinking during pregnancy including outreach, support groups, and home visits
- Respite services are available to children and youth with disabilities including FASD in Fort Smith, Deline and Aklavik.

Nutrition and Obesity
In collaboration with MACA we developed health promotion activities aimed at keeping youth active.

- The Active-After-School Program is in its third year of operation and also received funding to promote physical activity and help combat obesity.

Action 2.2 - Ensure access to comprehensive mental health and addictions services by: increasing public understanding of MHA, integrate MHA programs into primary community care, improving access to services and increasing accountability. Specifically in year-one we committed to working with aboriginal governments to develop community wellness plans that build on existing community assets and resources to provide services that best meet the needs of their community.

We are on target for year-one in our strategic plan.

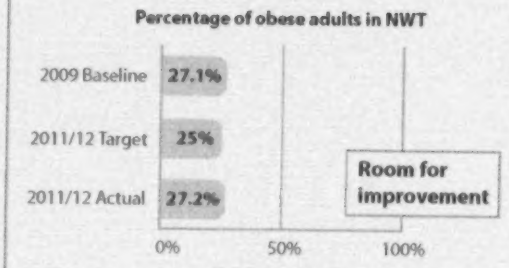
- In 2012, we began a process of transitioning wellness funding to a more community-based, flexible and multi-year agreement process. The first step was to work with communities and partnering agencies to develop a collaborative approach in producing community wellness plans.
- The Talking about Mental Illness *(TAMI)* pilot project brought the issue of mental health to grade eight classes in Yellowknife, providing students with awareness about the signs of mental illness and about the negative impacts of stigma associated with mental illness. One of the aims of the TAMI pilot project is to increase access to services for those in need by reducing stigma and improving students' ability to recognize mental health problems.

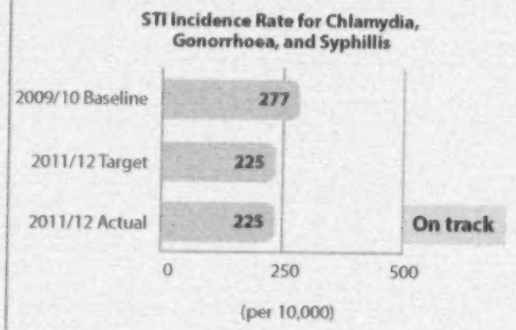
Action 2.3 - Chronic Disease Management (CDM) Model which integrates mental health into the CDM model

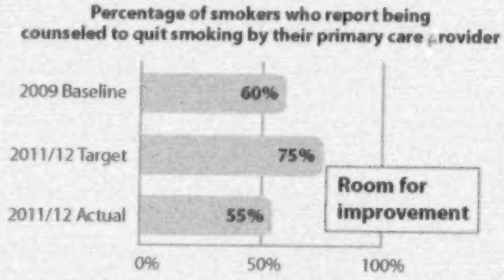
We have initiated a number of actions aimed at achieving our year-one target.

- As part of the Chronic Disease Prevention and Management initiative, we established a pilot project to review the referral processes for psychiatry and developed clear protocols for providers that simplify access to care and enhance the client experience by ensuring appropriate follow up and information sharing.

RESULTS AT A GLANCE

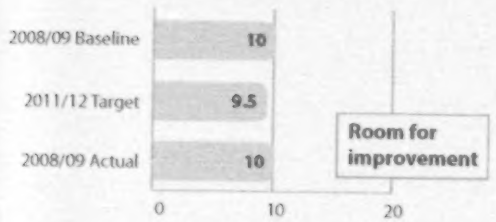






RESULTS AT A GLANCE

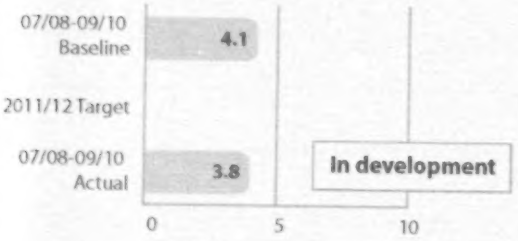
Incidence rate of Diabetes in population aged 45-59 years *



*includes Type I and Type II diabetes

Prevalance of smoking (15 years and older)

Estimated lower limb amputation hospitalization rate (age 40 & over)*



*based on 3 year averages

Strategic Priority 2 *continued*

This pilot project is also expected to reduce barriers to treatment, as the protocols follow a client-centred model aimed at improving continuity of care and ensuring clients receive appropriate and timely follow-up.

- We have been working with the Canadian Health Services Research Foundation (CHSRF) on activities to develop an integrated chronic disease prevention and management model for the NWT. Strategies to address diabetes, mental health, and renal disease have been developed and are currently being implemented. This is the first part of a longer-term process on how we design team based delivery of care in the communities. This means that nurses, physicians, therapists and other health professions will work together on the same guidelines based on best practice.
- Self-management skills, support is available for all residents in the NWT who want to learn about how to manage their diabetes. The NWT Community Health Nursing Chronic Care Program is offered in every community health center by registered nurses, nurse practitioners, and physicians, to individuals living with diabetes. The program is delivered using guidelines developed by the Canadian Diabetes Association.

Action 2.4 – Improve communications so individuals and families know how and where to access services.

We have made progress in achieving our year-one targets:

- As part of the CFS Committees education the Department offered training to communities and Aboriginal organizations on what child and family services are available and how to access them.
- During 2011/12, the Department translated a number of documents into French, including the Seniors Information Handbook, as well as a variety of brochures, fact sheets, forms, newspaper and radio ads, public health advisories and reports. We've also translated materials into Aboriginal languages, including brochures, fact sheets, radio ads and public health advisories and warnings.

Action 2.5 – Work with other GNWT departments, NGOs and communities to raise awareness and reduce occurrence of family violence and elder abuse in the communities.

We are on target for year-one in our strategic plan.

- We partnered with the YWCA in Yellowknife on the **Children Who Witness Abuse Program** offered by shelters in Fort Smith and Hay River and the **Project Child Recovery Program** for children who have been exposed to violence. We also established partnerships with three regions that do not have shelters (Tlicho, Dehcho and Sahtu) to assist in the development and integration of community protocols and response teams to support effective responses to family violence.
- We partnered with the NWT Seniors Society to provide education sessions via telehealth on prevention of elder abuse for frontline providers in the Beaufort Delta and Sahtu regions.

Action 2.6 - Build community capacity to prevent and respond to suicide risks and other mental health events

We are on target for year-one in our strategic plan

- We are working with communities in the delivery of suicide prevention training. In Ft. Simpson, Norman Wells and Yellowknife, community members were given the opportunity to participate in *Applied Suicide Intervention Skills Training (ASIST)*. These workshops are for people who want to feel more comfortable, confident and competent in helping to prevent the immediate risk of suicide.

Action 2.7 - In partnership with communities, NGOs, Aboriginal organizations and other GNWT Departments further implement the Healthy Choices Framework.

We are on target for year-one in our strategic plan.

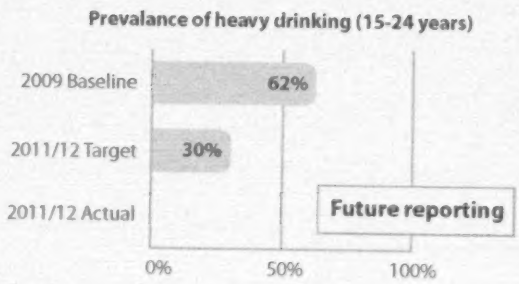
- Healthy Choices activities are ongoing. In 2012, we rolled out several new projects including the My Voice, My Choice youth addictions campaign, the Smoke Screening anti-smoking campaign and Get Active NWT.

Action 2.8 - Work in partnership and provide support to communities, NGOs, Aboriginal organizations and other GNWT Departments addressing HSS related prevention initiatives geared at reducing homelessness and poverty amongst high-risk groups.

We are on target for year-one in our strategic plan.

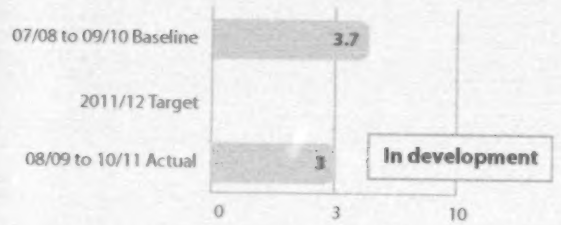
- HSS worked in partnership with Yellowknife Health and Social Services Authority and the John Howard Society on addressing prevention initiatives geared at reducing homelessness amongst high-risk groups.
- A day shelter for people who are homeless and may be living with addictions, substance abuse issues, and/or mental health issues is being piloted for three years in Yellowknife.
- To determine success with implementation of the project, an evaluation of the pilot took place after the shelter had been operating for one year. The project has been successful in achieving its stated goals. The evaluation found that approximately 205 clients accessed the Day Shelter and average attendance was from 47 to 74 visitors in a month.
- The Department provides a number of programs and services that have been developed to assist people in need such as Voluntary Service Agreements and no cost counseling services. In addition, HSS provides funding to the Centre for Northern Families and family violence shelters across the Territory.
- In 2010, the Government committed to undertaking work to examine poverty in the NWT. The Department is part of a GNWT Working Group tasked with working collaboratively with NWT stakeholders on a plan to develop an Anti-Poverty Strategy for the NWT.

RESULTS AT A GLANCE



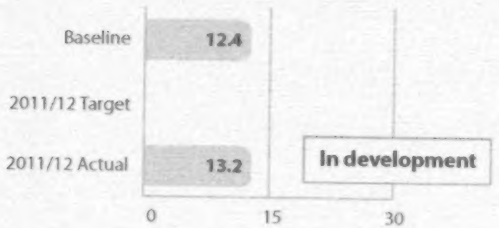
RESULTS AT A GLANCE

Inpatients injured from falls in hospitals



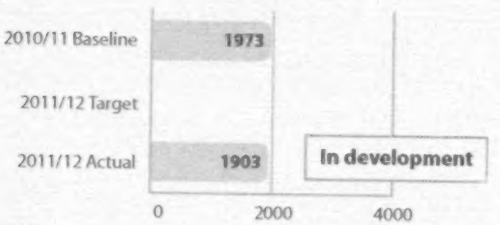
Three-year average number of inpatients

Reduced hospitalization rate due to injury and poisoning



(per 1,000)

Number of clients receiving home care in their community



Strategic Priority 3 - Deliver core community health and social services through innovative service delivery

Through innovative delivery ensure people have the majority of their health and social needs met by high quality community-based support and care.

The Integrated Service Delivery Model (ISDM) recognizes that not every service can be available in every community; however, basic health and social services need to be accessible as close to home as possible. Primary community care is the first point of entry for individuals to the health care system. This is where health services are mobilized and coordinated to promote wellness, prevent trauma and illness, build capacity, provide support, and care for common health and wellness issues. Coordinated service teams, telehealth technology, and medical travel ensure that residents of all 33 NWT communities have timely access to consistent services when needed. Eighteen of our 33 communities have Health Centres with on-site Community Health Nurses. Ten of the smaller communities have Health Stations staffed by community Health Workers and/or representatives that provide services through a combination of telephone consultation and community visits with Community Health Nurses and Physicians.

REPORT ON RESULTS

Action 3.1 - Update and modernize the *Integrated Service Delivery Model (ISDM)* to ensure that residents of the NWT have appropriate access to basic health and social services as needed.

We are on target for year-one in our strategic plan.

- To ensure residents of the NWT have appropriate access to basic health and social services, the Integrated Service Delivery Model (ISDM) is under review. This will ensure our service delivery model is aligned with current strategic objectives and incorporates leading practices and a system-wide approach to efficient and safe delivery of services. The project will be complete in 2012/13.

Action 3.2 - Develop a Territorial Midwifery Program that would allow patients to access safe, quality services as close to home as possible.

We have made progress relative to our target for year-one in the strategic plan.

- A program review and analysis of the NWT Midwifery Program was undertaken and available on our website at **www.hss.gov.nt.ca**. The review provided a range of evidence-based midwifery models of care that vary in their cost-effectiveness, ability to impact health outcomes, sustainability, cultural appropriateness, accessibility, and ability to support integrated care. The development of an NWT Midwifery Model will be included in the Department's planning process for future years and will be considered along with other service delivery demands and pressures.

Action 3.3 - Develop a Territorial Support Network (TSN) based on networks of pooled

expertise to support care providers in the field and provide oversight and expertise for medical evacuations and travel. This will include a virtual clinic to ensure ongoing support.

We are slightly behind our target for year-one in our strategic plan which was to pilot the TSN.

- Planning began on establishing a practitioner-to-practitioner Territorial Support Network that will ensure timely, appropriate and coordinated healthcare delivery for our clients by providing dedicated remote physician support to health care practitioners. This practitioner focused support network will be operationalized within the framework of the *Integrated Service Delivery Model (ISDM)*. Some of the potential services (e.g., Medevac triage) will be piloted to support a Territorial Support Network business case and implementation plan.

Action 3.4 – Training and support to allow families to care for individuals and loved ones in their homes where appropriate. This includes homecare that responds to higher acuity discharged patients as well as allowing seniors to age in place and palliative care.

We are on target for year-one in our strategic plan.

- In 2011-12 the number of trained Home Support Workers was increased to enable Authorities to increase the hours available to clients allowing for evening/weekend coverage and/or increase staffing levels at peak times. This was critical as the NWT Health and Social Services system needed to respond to the new 48-hour rapid discharge of patients from Alberta.
- Four full time home support workers (Sahtu, Tlicho, Dehcho, Hay River) and one full time Registered Nurse specializing in wound care have been hired.
- Funding was also put towards training home support workers.

Action 3.5 – Partner with communities, voluntary sector and aboriginal organizations to develop home care support for individuals to remain in their homes and home communities for as long as possible.

We are on target for year-one in our strategic plan.

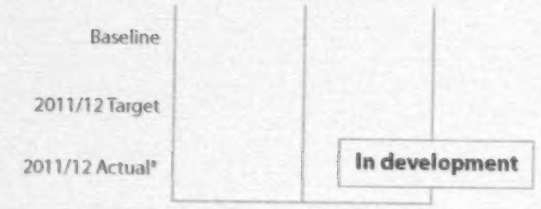
- Day and meal programs are offered in most Health and Social Services Authorities. In 2011/12, there were seven communities participating in the program with two more communities coming on board in the upcoming fiscal year.
- Respite services were provided through the home care program. Respite beds continue to be available in the Hay River Supportive Living Campus and long-term care facilities in Inuvik, Yellowknife, Fort Smith and Behchokó. Community-based respite services were delivered by non-government organizations or through voluntary service agreements with the health authorities.

Action 3.6 – Implement actions and changes required to allow homecare to respond to early discharge from southern hospitals and NWT acute care facilities. As well as assisting seniors to age in place.

Work is in progress towards achieving the year-one target in our strategic plan.

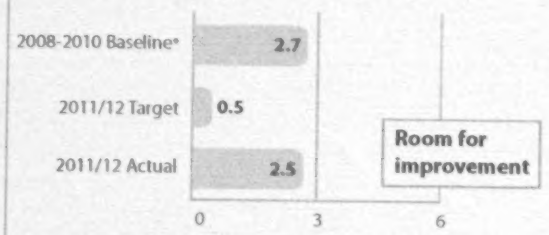
RESULTS AT A GLANCE

Number of standards reviewed, developed and implemented



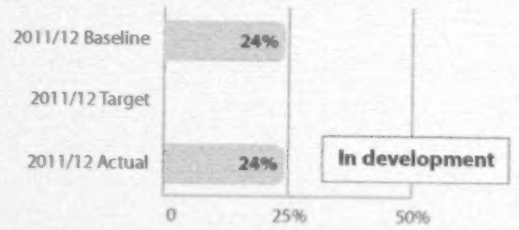
*77 Continuing Care standards have been developed

Incidence of active tuberculosis



*3 year average (per 10,000)

Number of clinical professionals using Telehealth services (i.e. to provide service, education, doctor-to-doctor consults)



Strategic Priority 3 *continued*

- Aurora College now offers a Personal Support Worker program to train candidates for the position of Home Support Worker and Resident Care Aides. Increasing the number of trained Home Support Workers has allowed Health and Social Services to increase the maximum number of home care hours to clients from 10 hours per week to 15 hours per week.

Action 3.7 – Ensure that residents of the NWT are protected from injury and disease

Future reporting 2012/13

Action 3.8 – Build capacity to ensure that residents of the NWT are protected from injury and disease including the capacity to control infections such as MRSA and TB

Future reporting 2012/13.

Action 3.9 – Integrate and modernize consistent standards, policies, best practices and decision making tools across the system. These may include community health nursing standards, management of chronic disease, renal dialysis, continuing and long term care standards, and clinical standards.

Work is in progress towards achieving the year-one target in our strategic plan.

- Work continues on integrating and modernizing consistent standards, policies, best practices and decision making tools across the system. Seventy-seven new continuing care standards were developed and a workshop was held with health authority staff and policy makers to review the draft standards. The new standards include a monitoring plan and data reporting requirements. The Long Term Care Staffing Standard has been completed and resources will be sought to implement the new standard.

Action 3.10 – Continue to use technology such as Telehealth, DI/PACS and electronic health records, to improve access to specialists.

We are slightly behind our target for year-one in our strategic plan which was to develop a comprehensive IT plan.

- We continue to employ technology such as Telehealth, DI/PACs and electronic health and medical records to better connect patients with service providers. HSS is in the process of developing a comprehensive informatics strategic plan. The plan is due to be complete by the end of 2012/13 fiscal year. The informatics strategic plan will formalize our long term vision for technology and also guide planning.
- Over the past five years approximately 21,000 people have received services via telehealth. This includes 14,248 health professionals; 4,412 patients; 1355 family members; and 686 case reviews.
- In June 2011, Voice Recognition (automated transcription) was implemented to enable faster turn-around time for Diagnostic Imaging (DI) reports provided through Stanton Territorial hospital.
- Installation of all TeleSpeech equipment is now complete and available in 32 communities excluding the Hamlet of Enterprise where there is neither a health facility nor a school.
- We implemented a new centralized Lab Information System (LIS) which is critical to the continuity of lab services in the NWT, and to overall patient care and safety.

Strategic Priority 4 - Ensure one territorial integrated system with local delivery

Ongoing sustainability of the system and best value for money

As the prevalence of complex chronic diseases such as diabetes, cancers, and mental health and addictions increase, so too does the need for effective coordination, communication and accountability within the system. Patients and clients should not have to suffer delays in treatment due to administrative barriers. Improved accountability is required to ensure patients are not at risk for complications, medical error or duplicate tests, and that they move seamlessly across service providers and regions as needed. We also need to develop the capacity to track patient outcomes so we know where our services can be improved.

The increasing demand for and cost of providing services also drives the need for improved efficiency, monitoring and reporting on system performance. We need a governance structure that promotes effectiveness and efficiency, which allows residents to have a voice in health quality improvement and keeps service providers accountable to those they serve.

Action 4.1 – Appropriate access to services through a comprehensive and modern GNWT medical travel system and policy.

We are slightly behind in our target for year-one which was to have improved business processes for medical travel implemented.

- HSS in consultation with the Health Authorities conducted three key medical travel reviews of significance over the past three years. As a result of these reviews, HSS is coordinating an update of the Medical Travel Program and the overall policy. Furthermore, a system innovation team is working collaboratively with the Stanton Territorial Health Authority's Medical Travel Program to plan and implement required changes to the Medical Travel Program and Policy.

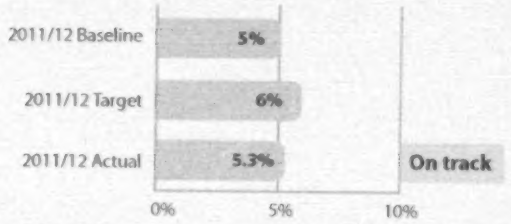
Action 4.2 – Establish appropriate governance and accountability structures through role clarification, appropriate financial and accountability agreements and grants and contribution programs.

We are slightly behind our target for year-one in our strategic plan which was to include expected delivery standards in contribution/funding agreements.

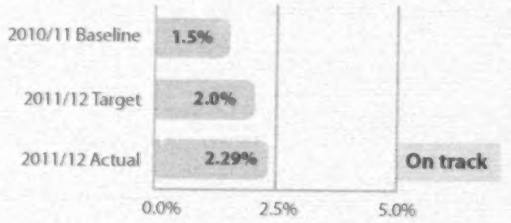
- One of the recommendations resulting from the 2011 Program Review by the Office of the Auditor General was that the Department develop performance agreements with Authorities to include expected results for key programs and services, and corresponding reporting requirements. As a first step towards this recommendation, the Department updated the contribution agreements with Authorities, enhancing reporting and monitoring requirements. We will continue to improve the existing Contribution Agreements with Authorities to clearly identify roles and responsibilities, performance expectations and reporting requirements.

RESULTS AT A GLANCE

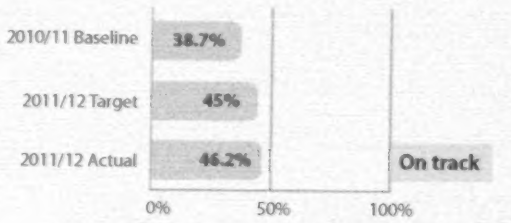
Percentage of total biomedical equipment replaced based on recommended life cycles



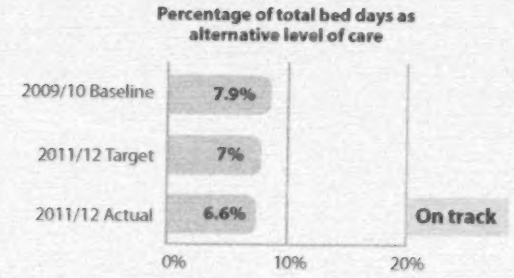
Percentage of total value HSS Centres scheduled for major upgrade or replacement

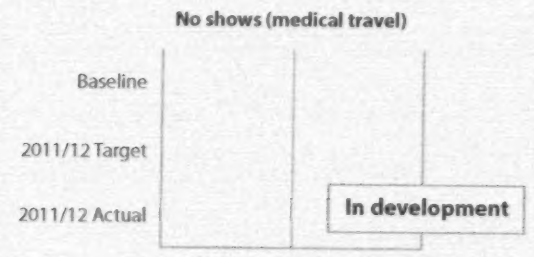


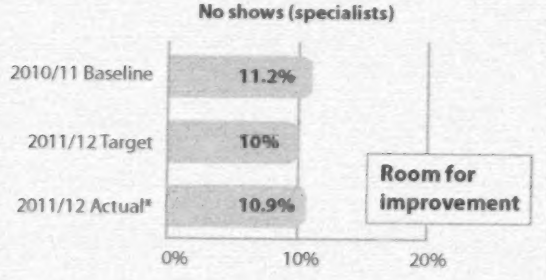
Percentage of staffing competitions completed within 8 weeks



RESULTS AT A GLANCE







* Apr-Dec 2011

Strategic Priority 4 *continued*

Action 4.3 – Establish an NWT system governance and accountability structure to ensure system leadership, risk management and accountability which links with the GNWT and ensures a one system approach.

We are on target for year-one in our strategic plan.

- The department is reviewing potential for collaborative and consolidated services (shared/back office) opportunities. In November of 2011 a Collaborative and Consolidated Services Study was undertaken and the report will be presented to related stakeholders.
- HSS began work on developing options for a governance structure that promotes effectiveness and efficiency, allows residents to have a voice in health quality improvements and keeps the system accountable to those it services.

Action 4.4 – Support Human Resources in developing a comprehensive recruitment plan for the HSS system including a service level agreement for recruitment and retention processes and activities that clearly sets out roles and responsibilities, timelines, and services to be delivered.

We are slightly behind in achieving our target which was to develop a service level agreement between Human Resources and HSS.

- Work was initiated in 2011/12 towards a draft service partnership agreement that will be effective October 2012. The intent is to start with a focus on recruitment and retention activities, and monitor implementation before rolling out to all areas of HR service delivery. The agreement clearly outlines roles and responsibilities for staff in both departments, and service delivery targets.

Action 4.5 – Develop and implement appropriate governance and accountability structures for medical travel linked with back office service delivery

Future reporting 2012/13

Action 4.6 – A modern Legislative Framework that supports the mandate of the NWT Health and Social Services system.

We have initiated a number of actions towards achieving the Department's commitments on the Legislative Agenda.

- *Child and Family Services Act* - The Department reviewed the Standing Committee on Social Program's Review of the *Child and Family Services Act* to determine the scope of legislative changes required of the Act.
- *Health and Social Services Professions Act* - In April 2011 the Department released a *Health and Social Services Professions Act* Discussion Paper that provided more information on what "umbrella" licensing legislation might look like in the NWT and included options for those professions identified as the first to be licensed under the Act, including Emergency Medical Services Providers, Licensed Practical Nurses, and Psychologists. In 2011-12, the Department also consulted with the Northwest Territorial Association of Naturopathic Doctors to determine options for possibly licensing them under the umbrella legislation in the future.
- *Health Information Act* - The Department began working with the Department of Justice on drafting a *Health Information Act* Bill. This is a complex piece of legislation that is expected

to take over a year to draft. The goal is to have the Bill ready to be introduced to the Legislative Assembly in 2013.

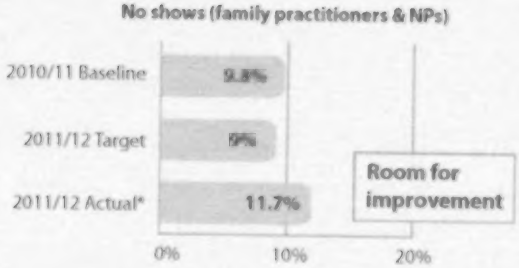
- *Hospital Insurance and Health and Social Services Administration Act* - In 2011-12, work was done to amend the Long Term Care fee prescribed in the Hospital Insurance Regulations to adjust for inflation. Work also began on a long term solution to establish a Long Term Care rate that could be adjusted for inflation without further amendment to the Regulations. Preparatory work on governance and insured services legislation to replace the *Hospital Insurance and Health and Social Services Administration Act* was also initiated in 2011-12.
- *Medical Professions Act* - In 2012, the Medical Profession Regulations were amended to allow for the conditional licensure of specialists who are registered on a provisional/conditional register in a province but who can practice independently.
- *Mental Health Act* - The Department began exploring options for a new *Mental Health Act* to replace the existing Act. Work was started on a series of Discussion Papers to be shared with stakeholders as a first step to developing new legislation.
- *Public Health Act* - Minor amendments to the Disease Surveillance Regulations, Water Supply System Regulations, and Food Establishment Safety Regulations were made in the summer of 2011. In January 2012, Immunization Regulations were added to the regulations already in force under the Act. Substantial work was also done on Personal Service Establishment Regulations to come into force in 2013.
- *Social Work Profession Act* - The Social Work Profession General Regulations were finalized in 2011-12 and the *Social Work Profession Act* and Regulations came into force on January 1, 2012.
- *Vital Statistics Act* - A new *Vital Statistics Act* was passed in August 2011 and work began on the necessary Regulations to bring the new *Act* into force. The new *Vital Statistics Act* and Regulations are expected to come into force early in 2013.

Action 4.7 – Infrastructure planning to ensure modern and safe facilities and medical and other equipment that meet current infection control standards and promotes efficient service delivery.

We are on target for year-one in our strategic plan.

- The Biomedical Engineering Unit at Stanton Territorial Hospital maintains approximately 2,500 pieces of biomedical equipment across the north, valued at over $30M. Biomedical Engineering is responsible for assessing and forecasting biomedical technology needs on behalf of all the Authorities.
- The Yellowknife Primary Care Clinic and the Inuvik Public Health Centre were completed during the 2011/12 fiscal year.
- Four new projects were initiated: Hay River Health Centre, Behchokǫ̀ Long Term Care Centre, Fort Providence Health and Social Services Centre and the Norman Wells Health Centre.
- Five planning studies were undertaken (Fort Resolution Health and Social Services Centre, Tulita Health and Social Services Centre, Fort Simpson Health and Social Services Centre, Lutselʼke Health and Social Services Centre and Stanton Hospital).
- In addition a significant retrofit/upgrade to Stanton Hospital was completed.

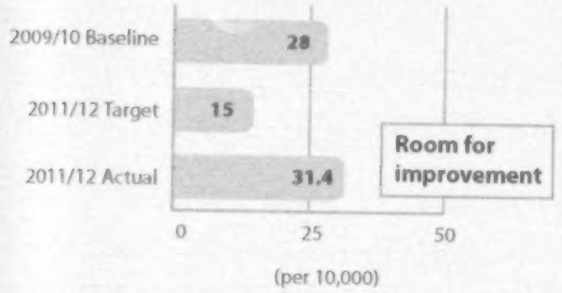
RESULTS AT A GLANCE



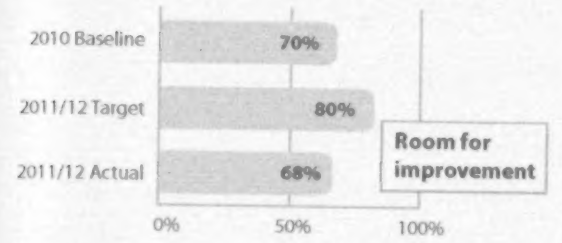
*estimated rate

RESULTS AT A GLANCE

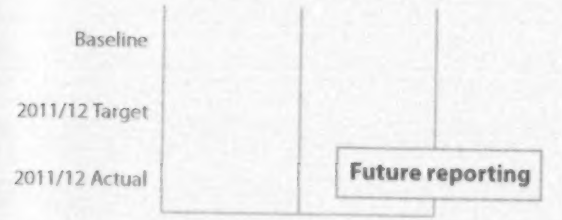
Incidence of community acquired MRSA



Percentage of employees who indicate they feel supported within their work environment



Hospital acquired infection rates



Strategic Priority 5 - Ensure patient/client safety and system quality

Build territorial and local capacity to ensure safety and quality of care

Ensuring the quality of our services and keeping patients and clients safe is vital in all areas of the Health and Social Services system. We need to focus on the fundamentals of high quality and safe services with built-in quality improvement mechanisms to achieve positive outcomes in all areas of the system. The long-term outcomes associated with this priority are that NWT residents will have access to sustainable, safe, community based health and social services.

REPORT ON RESULTS

Action 5.1 – Ensure that individuals and families are informed of their role in accessing treatment and care and the role of the family in supporting individuals undergoing treatment or care.

We are somewhat behind on achieving our target for year-one which was to disseminate plain language information for the public on palliative care and the role of the family and personal directives.

- To ensure individuals undergoing treatment and care are supported, HSS consulted with frontline providers, at the Continuing Care Conference held in Yellowknife, on plain language content for a *Caregiver's Guide* which will include practical information for individuals who are or anticipate becoming caregivers.

The booklet, which is currently in development, will include information on end of life decisions and palliative care.

Action 5.2 – Enhance retention of qualified staff by working with communities and partners to ensure that front line health and social services workers are provided with a safe and welcoming environment in which to work and live.

This action is ongoing and work is in-progress on many actions aimed at ensuring a quality work life for our employees.

- To enhance retention of qualified staff and ensure a safe practice environment for frontline health and social service workers, we continually invest in training and professional development for staff.
- Mandatory certification programs for staff are carried out across the Authorities.
- A number of our employees have completed the Occupational *Safestart*, an occupational safety program. Staff orientation programs are also offered across Authorities.
- The Department is committed to keeping up with technology developments and in using up-to-date equipment. A 5-Year Medical Equipment replacement (evergreening) process was approved by an Inter-departmental Working Group and Deputy Ministers Steering Committee. The evergreening replacement

prioritization system and methodology was developed, published and enhanced by GNWT employees.

- Feedback is collected from staff on a regular basis to help inform initiatives aimed at improving staff safety and retention. In addition, key indicators such as the length of time to staff a position, overtime rates and absenteeism rates are tracked and monitored.
- Training is provided across Authorities on Non-Violent Crisis Intervention techniques and Health and Social Services has zero tolerance for any behavior that may cause physical or emotional harm to staff.

Action 5.3 – Develop and implement a pharmacy strategy to improve management of drugs and other pharmaceuticals.

Our target for year-one in the strategic plan was to develop and implement a pharmacy strategy. This action has been delayed.

- We contracted Alberta Blue Cross to undertake an analysis and report titled *"Pharmaceutical Strategy Policy Options for the Government of the Northwest Territories,"* and a number of recommendations were made. Recommendations will be reviewed to determine value for money and to develop next steps.

Action 5.4 – Improve territorial standards for prevention and control of infections in health-care facilities. Build system capacity and oversight

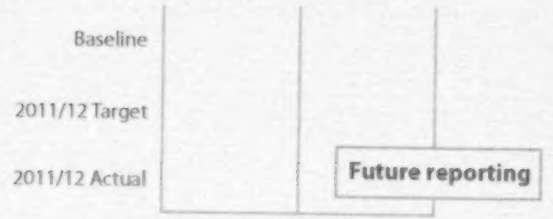
Future reporting 2012/13

Action 5.5 – Complete and implement an accountability framework for patient safety across authorities to ensure ongoing improvement of patient care

Future reporting 2012/13

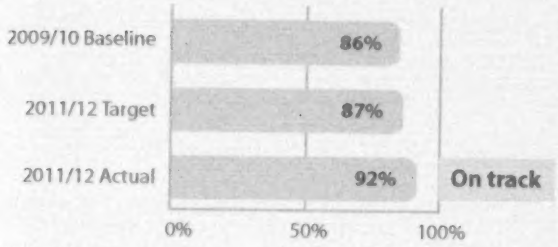
RESULTS AT A GLANCE

Timeliness of response to identified adverse events

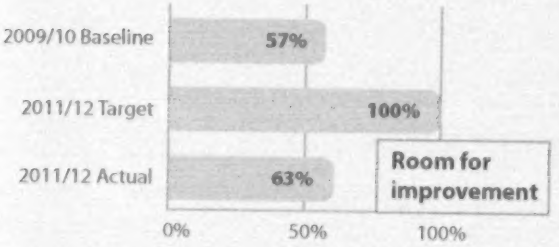


RESULTS AT A GLANCE

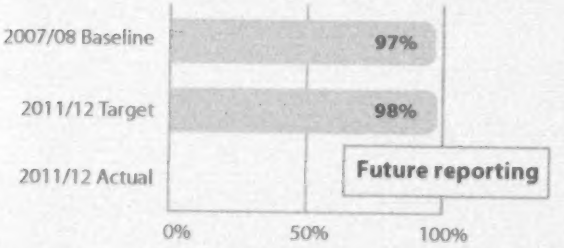
Percentage of residents satisfied with overall health services



Data collected and outcome measures reported on



Degree to which mental health and addictions services meet the needs of clients



Strategic Priority 6 - Outcomes of health and social services are measured, assessed and publicly reported.

Ensure accountability of the system by reporting to the Legislative Assembly and the public

Public accountability is one of the basic principles of the health and social services system. Individuals responsible for the management and delivery of health care and social services face immense challenges to ensure all residents receive high quality care in a timely and sustainable manner. Measurement and reporting will guide providers and the system to ensure leading practice and ongoing quality improvement are applied and support the provision of quality and safe care. The consumers of our programs and services, the legislators who approve funding, and the public all have a right to be kept informed of how well we are doing in meeting these challenges. We will develop and produce annual performance reporting for the public and the Legislative Assembly.

REPORT ON RESULTS

Action 6.1 - Monitor and report on client and patient satisfaction with their access to and experience with the health and social services system.

We are on target for year-one in our strategic plan.

- People using health services in the NWT had an opportunity to complete a client satisfaction survey in November 2011. The survey looked at overall satisfaction with health care services, treatment and procedures, and preventative health and safety. 92% of respondents rated their overall health care services as excellent or good. Results of the survey were tabled in the Legislative Assembly and made public on our website.

Action 6.2 - Improved monitoring and reporting of information.

We have initiated a number of actions towards achieving our target for year-one in the strategic plan.

- The Auditor-General's report on the health care system in 2011 highlighted the need for improved accountability and evaluation. In order to improve accountability within the system, the Department established clear goals and targets through the strategic plan: *Building on Our Foundation 2011 – 2016*.
- The NWT Health and Social Services Annual Report reports progress towards achieving system priorities outlined in the strategic plan to the Legislative Assembly and the public.
- An initial set of system-wide performance measures has been introduced in *Building on our Foundation* to track and measure the performance of the health and social services system. A first reporting on these indicators appears in this report.

Action 6.3 – Address the data compatibility issue and increase capacity for data collection, analysis, monitoring and reporting. This will allow HSS to monitor the performance of the system and publicly report.

We are slightly behind in achieving our target for year-one in the strategic plan.

- The Department is in the process of developing an updated accountability framework and program evaluation plan for the health and social services system.

TABLE 1
2011-12
Expenditures by Activity
(thousands of dollars)

	Actuals
Directorate	7,335
Program Delivery Support	33,748
Health Services Programs	201,935
Supplementary Health Programs	26,364
Community Health Programs	90,834
	360,216

Financial Highlights

In 2011/12, the Department of Health and Social Services spent $360 million (Table 1). $242 million (67%) went directly to Health and Social Services Authorities under Core Funding Contribution Agreements (Table 2).

In 2011/12, the Health and Social Services Authorities spent $298 million – $5 million more than funds available, resulting in a $5.2 million net operating deficit (Table 3). Per Table 2 (Graph 1), 83% of Authority's revenues flow from the Department of Health and Social Services. The remaining 17% flows from other sources such as client co-payments and third party billings.

In 2011/12, seven of the eight Health and Social Services Authorities incurred annual operating deficits. At March 31, 2012, all Authorities were in an accumulated deficit position, totaling over $16 million, not including the $13.9 million unfunded employee leave and termination benefit liability.

In August 2011, the Surplus Retention Policy replaced the 1998 O&M Funding Surplus and Deficit Retention Policy. The intent of the policy revision was to allow the Department and the GNWT to respond to changing financial pressures by providing the opportunity to redirect surplus funds within the system to pressure areas. As a result of the policy change,

TABLE 2
Authority Funding
2011-12

Authority	HSS Core Funding	Revenue from Other Sources	Actual Total Revenue
Dehcho HSSA	$ 15,981,000	$ 1,878,923	$ 17,859,923
Beaufort-Delta HSSA	$ 43,883,000	$ 2,746,730	$ 46,629,730
Tlicho CSA	$ 11,408,481	$ 1,046,458	$ 12,454,939
Sahtu HSSA	$ 10,752,420	$ 874,848	$ 11,627,268
Stanton THA	$ 79,035,000	$ 31,623,167	$ 110,658,167
Yellowknife HSSA	$ 43,710,000	$ 8,241,213	$ 51,951,213
Fort Smith HSSA	$ 14,529,609	$ 1,661,594	$ 16,191,203
Hay River HSSA	$ 22,336,893	$ 3,094,139	$ 25,431,032
Total	$ 241,636,403	$ 51,167,072	$ 292,803,475

$8.2 million in surplus funds was redirected from five Authorities who had accumulated surpluses. The funds offset deficits at the Beaufort Delta Health and Social Services Authority and Stanton Territorial Health Authority. The redistribution of dollars is reflected in the accumulated deficit details in Table 3. Moving forward, Authorities will have opportunity to retain limited surplus funds for specific one-time use. All other surplus is returned to the GNWT.

In 2011/12 Authorities spent $204 million on compensation and benefits (Table 4), over 68% of total expenditures. Authority deficits are largely attributable to compensation and benefit related pressures, directly related to the 1,316 positions (Table 5) in the Authorities. Pressures stem from an inappropriate funding base that does not provide sufficient dollars to cover overtime, shift premiums and standby costs associated mostly with programs and services that must be available 7 days a week, 24 hours a day. In addition, position benefits have historically not been adequately funded, with the expectation that the shortfall be covered by vacancies. In 2011/12, there was recognition of the impact on this shortfall on 24/7 operations and Beaufort-Delta and Stanton received ongoing incremental funding ($2.5 million). All other Authorities will receive ongoing funding adjustments in 2012/13 ($2.6 million). Other compensation related costs that are expected to be funded from within, typically through vacancy management, include annual salary increments and employee severance. Given the nature of the operations at the Authorities, there is limited

TABLE 3

2011-12 Final Results

	Revenue	Expenses	Operating Surplus / (Deficit)	Accumulated Surplus/(Deficit)*
Beaufort-Delta	46,629,730	46,263,339	366,391	(2,892,898)
Dehcho	17,859,923	19,227,533	(1,367,610)	(1,112,899)
Fort Smith	16,191,203	17,400,107	(1,208,904)	(1,156,046)
Hay River	25,431,032	26,444,756	(1,013,724)	(850,970)
Sahtu	11,627,268	11,951,811	(324,543)	(301,150)
Stanton	110,658,167	112,134,730	(1,476,563)	(9,882,549)
Tlicho	12,454,939	12,566,749	(111,810)	(27,551)
Yellowknife	51,951,213	52,012,814	(61,601)	(174,806)
Total	292,803,475	298,001,839	(5,198,364)	(16,398,869)

* Does not include unfunded ELTB of $13.9 M

TABLE 4

Compensation by Authority
2011-12

Authority	Total Expenditure*	Total Expenditure on Compensation	Total Other Expenditure	%
Dehcho HSSA	$ 19,227,533	$ 14,496,485	$ 4,731,048	75.39%
Beaufort-Delta HSSA	$ 46,263,339	$ 37,485,993	$ 8,777,346	81.03%
Tlicho CSA	$ 12,566,749	$ 9,631,156	$ 2,935,593	76.64%
Sahtu HSSA	$ 11,951,811	$ 8,430,805	$ 3,521,006	70.54%
Stanton THA	$ 112,134,730	$ 68,982,521	$ 43,152,209	61.52%
Yellowknife HSSA	$ 52,012,814	$ 29,680,764	$ 22,332,050	57.06%
Fort Smith HSSA	$ 17,400,107	$ 13,345,108	$ 4,054,999	76.70%
Hay River HSSA	$ 26,444,756	$ 22,421,427	$ 4,023,329	84.79%
Authorities Total*	$ 298,001,839	$ 204,474,259	$ 93,527,580	68.62%
Department	$ 118,579,798	$ 15,991,691	$ 102,588,107	13.49%

*including revenue from other sources

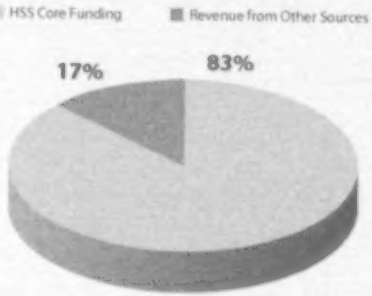
Financial Highlights *continued*

ability to fund these areas through vacancies, as vacant positions must be filled with relief staff.

Removal and relocation of Authority staff is another significant cost driver for the Health and Social Services system. In 2011/12, Authorities spent a total of $2.9 million on removal and relocations of employees. Other pressures on the HSS system include increased costs associated with contractual obligations due to inflation. The cost associated with provision of Physician Specialist Services has been the main contributor to the operating deficit at STHA for the past couple of years.

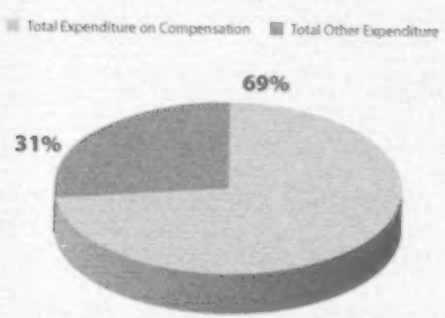
GRAPH 1

HSS Core Funding vs Revenue from Other Sources



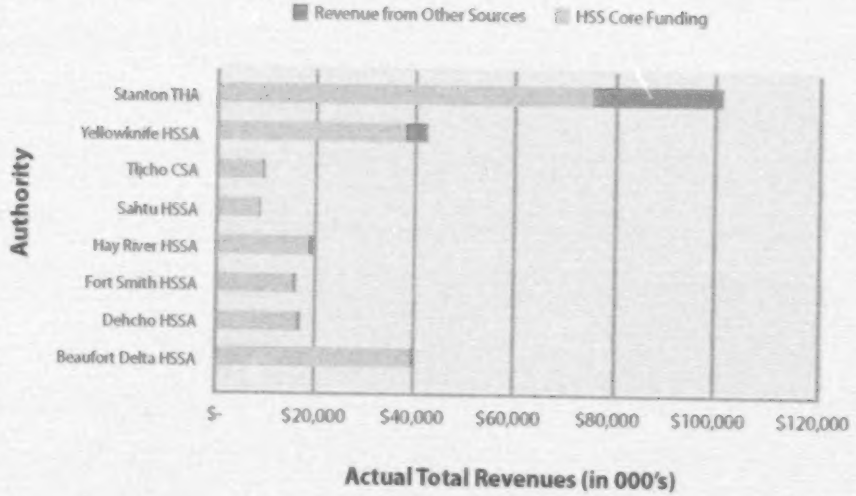
GRAPH 3

Compensation Expenditure



* Chart only includes the authorities

GRAPH 2



Appendices

Appendix 1: Report on Medical Care Plan

HEALTH CARE INSURANCE PLAN AND PUBLIC AUTHORITY

Section 24(1) of the *Medical Care Act* requires the Director of Medical Insurance to report on the Operation of the Medical Care Plan. The Minister appoints the Director of Medical Insurance who is responsible for administering the *Medical Care Act* and its regulations. The Director reports to the Minister any matters concerning the operational status of the Medical Care Plan. The Minister, through the Boards of Management, administers the Hospital Insurance Plan.

The NWT Health Care Plan consists of the Medical Care Plan and the Hospital Insurance Plan. Legislation that enables the Health Care Insurance Plan within the NWT includes the *Medical Care Act* and the *Hospital Insurance and Health and Social Services Administration Act*.

INSURED HOSPITAL SERVICES

Insured hospital services in the NWT are provided under the Hospital Insurance and *Health and Social Services Administration Act*.

During the reporting period, insured hospital services were provided to in- and out-patients by four hospitals and 23 health centers throughout the NWT. Consistent with Section 9 of the *Canada Health Act*, the NWT provides an exhaustive list of services to provide care to its residents.

Insured in-patient hospital services include:

- Meals and accommodations at the ward level;
- Required nursing services;
- Laboratory, diagnostic and imaging services (along with necessary interpretations);
- Drugs, biological and other preparations prescribed by a physician;
- Surgical supplies and use of operating room;
- Case room and anesthesiology services;
- Radiology and rehab therapy (physio, audio, occupational and speech);
- Psychiatric and psychological services within an approved program; and
- Detoxification at approved centres.

Insured out-patient hospital services include:

- Laboratory tests;
- Diagnostic imaging (including interpretations when needed);
- Physiotherapy, speech and language pathology therapy and occupational therapy;
- Minor medical and surgical procedures and related supplies; and
- Psychiatric and psychological services under approved hospital program.

Travel assistance is provided for residents who require medically necessary procedures that are not offered in their community or elsewhere within the NWT. Medical Travel Assistance (as outlined in the Medical Travel Policy) provides barrier free access to care services and procedures for the residents of the NWT in accordance with the Canada Health Act.

INSURED PHYSICIAN SERVICES

The *NWT Medical Care Act* and the NWT Medical Care Regulations provide NWT residents insurance for physician services. Physicians, nurse practitioners and midwives provide insured services under the *Medical Profession Act*, *Nursing Profession Act* and the *Midwifery Act*, respectively; all of whom are required by legislation to be licensed to practice in the NWT. As of March 31, 2012, there were approximately 285 physicians licensed in the NWT.

The Medical Care Plan insures all medically necessary physician services such as:

- Diagnostic and therapeutic;
- Surgical supplies and services;
- Eye examinations provided by a licenses ophthalmologist;
- Obstetrics; and
- Specialist visits with proper approval from a medical practitioner.

The Director of Medical Insurance is responsible for recommending a tariff for services payable by the NWT Medical Care Plan, though it is the Minister who ultimately determines if services will be added, altered or deleted from insured physician services by:

- Establishing a medical care plan that provides insured services to insured persons by medical practitioners that will qualify and enable the NWT to receive payments of contributions from the Government of Canada under the Canada Health Act; and
- Approving the fees and charges itemized in the tariff that may be paid in respect of insured service rendered by medical practitioners whether in or outside the NWT, and the conditions under which fees and charges are payable.

REGISTRATION ELIGIBILITY AND THE NWT HEALTH CARE PLAN

The NWT uses the Health Care Plan Registration Guidelines, defined in the *Medical Care Act*, in accordance with the Interprovincial Agreement on Eligibility and Portability, to determine eligibility and fulfill obligations of section 10 in the *Canada Health Act*.

As of March 31, 2012 there were 44,216 individuals registered with the NWT health care plan.

No formal terms exist for clients to opt out of the NWT Health Care Plan.

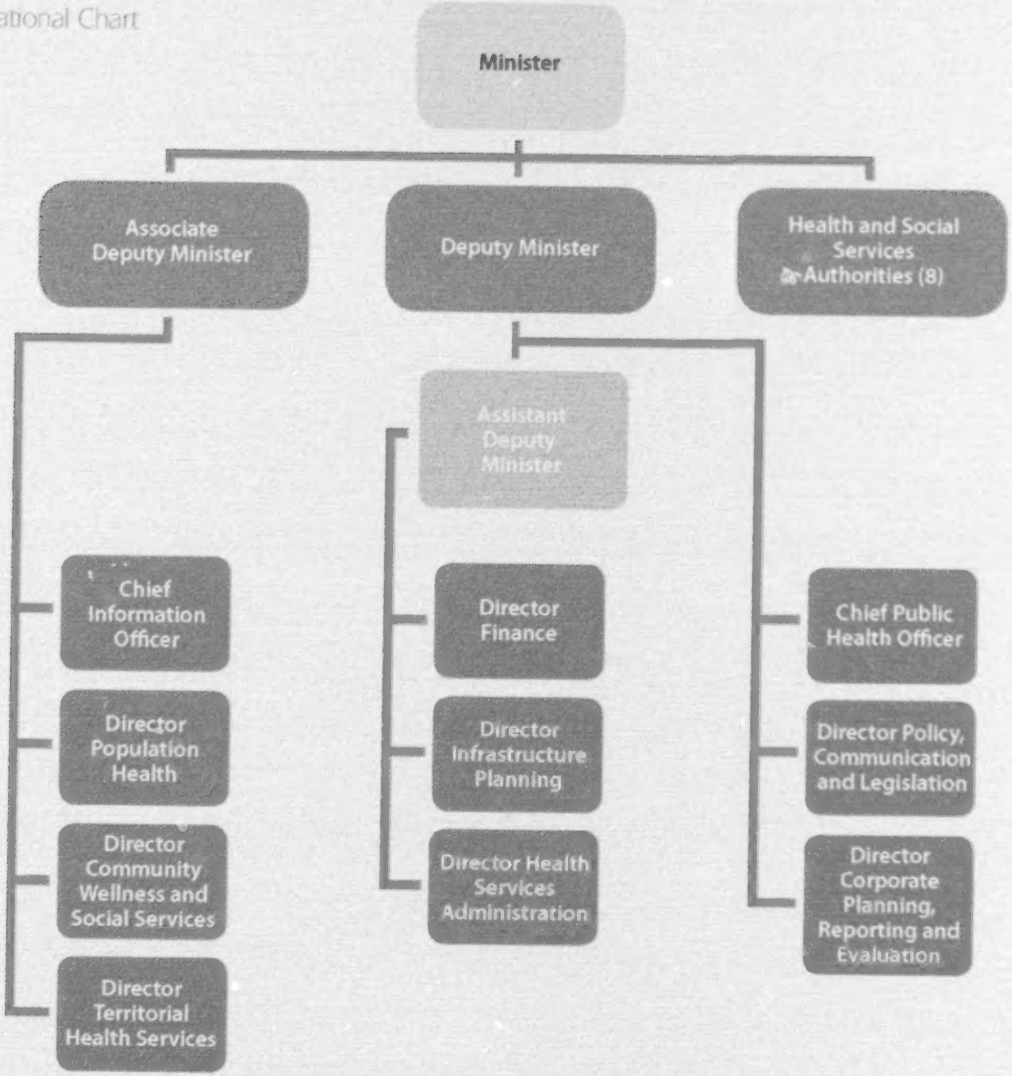
With an NWT health care card, most medical practitioner visits and hospital services are billed directly to the Department. Reimbursement guidelines exist for patients having to pay up front for medically required services. During the reporting period over 19 million dollars were paid out for hospital in-patient and out-patient services in other provinces and territories.

PAYMENTS TO HOSPITALS

Contribution agreements between the Department and the Boards of Management for each HSSA and the TCSA dictate payments made to hospitals. Government budgets, resources and levels of services offered determine the allocated amounts.

Payments to HSSAs providing insured hospital services are governed under the Hospital Insurance and *Health and Social Services Administration Act* and the *Financial Administration Act*. A comprehensive budget is used to fund hospitals in the NWT.

Appendix 2: Organizational Chart



Appendix 3: Major Publications

To ensure that the Health and Social Services system is accountable to NWT residents, the Department of Health and Social Services produced a number of reports in 2011/12, including the Health Status Report, and the latest HSS strategic plan. Also, a series of brochures and fact sheets were produced to provide NWT residents with information about their health and about available services.

REPORTS

Building on Our Foundation 2011-2016: A Strategic plan for the NWT Health and Social Services System

Seniors' Information Handbook

GNWT Report on Drinking Water 2010

NWT Health Status Report

Health and Social Services Regional Dialogues 2010-11

Yellowknife Day Shelter Evaluation Report

Transformational Process for Mental Health & Addictions: Future Directions & Promising Practices in the Northwest Territories

BROCHURES AND FACT SHEETS

The *Choose* Brand for healthy choices

Get the Real Deal on Your Meal!

Gastroenteritis Fact Sheet

Addictions - Where to get help

Influenza (The Flu) - Questions and Answers

Questions and Answers on Coverage of Quit Smoking Aids

Swimmer's Itch Fact Sheet

Nicotine Replacement Therapy (NRT)

Smoking and Weight

Hepatitis C

Summer Food Safety Guidelines

Health Effects of Smoke Exposure due to Forest Fire

OFFICIAL LANGUAGES

The Department of Health and Social Services strives to continually increase the number of publications in all official languages. During 2011/12, the Department translated a number of documents into French, including the strategic plan *Building on Our Foundation 2011-2016*, the Seniors' Information Handbook, as well as a variety of brochures, fact sheets, forms, newspaper and radio ads, public health advisories and reports. All DHSS job postings are translated into French and published in L'Aquilon (the French language newspaper) in accordance with our legal obligations. We've translated materials into Aboriginal languages, including brochures, fact sheets, radio ads and public health advisories and warnings.

Appendix 4: Summary of Legislation

ABORIGINAL CUSTOM ADOPTION RECOGNITION ACT

The purpose of the *Act* is to legally enable the alteration of birth registrations for individuals who are adopted according to aboriginal customary law. The *Act* does not change aboriginal customary law with respect to adoptions.

ADOPTION ACT

The *Act* sets out the requirements for the adoption of children in the Northwest Territories. It provides for the administration of private adoptions, step-parent adoptions, and the adoption of children who are in the permanent custody of the Director of Child and Family Services. It does not apply to aboriginal custom adoptions, which occur in accordance with aboriginal customary law.

CHANGE OF NAME ACT

The *Act* provides for the regulation and registration of legal name changes in the NWT.

CHILD AND FAMILY SERVICES ACT

The *Child and Family Services Act (CFSA)* creates and enables the child protection process in the Northwest Territories. The *Act* protects the best interests of the child while ensuring the constitutional rights of parents and guardians are respected through apprehension hearings. The *Act* also provides for community involvement in child protection concerns through the establishment of Child and Family Services Committees. This *Act* replaced the old *Child Welfare Act*.

DENTAL AUXILIARIES ACT

The *Act* provides for the licensing and regulation of Dental Auxiliaries, also known as dental hygienists and dental therapists.

DENTAL MECHANICS ACT

The *Act* provides for the licensing and regulation of Dental Mechanics, also known as denturists.

DENTAL PROFESSIONS ACT

The *Act* provides for the licensing and regulation of Dentists.

EMERGENCY MEDICAL AID ACT

The *Act* exempts doctors, nurses, and other persons who provide voluntary emergency medical aid from liability for any act or omission that causes injury or death, unless there is gross negligence.

GUARDIANSHIP AND TRUSTEESHIP ACT

The *Act* allows the court to appoint a guardian or trustee, or both, for people who can no longer care for themselves or understand the consequences of their decisions. It is designed to allow people to live as independently as possible by restricting guardian and trustee decision-making to only those areas in which the person is unable to make their own decisions.

HOSPITAL INSURANCE AND HEALTH AND SOCIAL SERVICES ADMINISTRATION ACT

This *Act* establishes the Hospital Insurance Plan and sets terms for services. The *Act* also allows for the establishment of regional Boards of Management in charge of the administration and control of hospitals, and health and social services facilities.

HUMAN TISSUE ACT

The *Act* provides for the use of the human body or any part for purposes of therapeutic use, medical education or medical research as specified under the individual's direction and consent.

Appendix 4 - Summary of Legislation *continued*

INTERCOUNTRY ADOPTION (HAGUE CONVENTION) ACT

The objective of the *Act* is to prevent child abuse and improper financial gains through the abduction, sale, and trafficking of children. The *Act* also contains provisions ensuring proper consents are obtained prior to intercountry adoptions, allowing for the transfer of children between states, and establishing children's status in the receiving country.

LICENSED PRACTICAL NURSE ACT

The *Act* provides for the licensing and regulation of Licensed Practical Nurses.

MARRIAGE ACT

The *Act* provides for the appointment of Marriage Commissioners and Marriage License Issuers and Registration of Members of the Clergy. The *Act* also has provisions surrounding the solemnization of marriage.

MEDICAL CARE ACT

This *Act* establishes the Medical Care Plan to provide insured coverage for medically required physicians' services outside of hospitals that are not covered by the *Hospital Insurance and Health and Social Services Act* or the *Workers' Compensation Act*.

MEDICAL PROFESSIONS ACT

The *Medical Profession Act* sets out the registration requirements for an individual to practice medicine in the Northwest Territories.

MENTAL HEALTH ACT

The *Act* governs the treatment of persons with mental disorders, including provisions for involuntary psychiatric assessment and admission to a hospital, detention, and consent to psychiatric treatment.

MIDWIFERY PROFESSION ACT

The *Midwifery Profession Act* defines the practice of midwifery and sets out the required qualifications for a midwife to be registered in the Northwest Territories.

NURSING PROFESSION ACT

The *Nursing Profession Act* provides for the self-regulation of the nursing profession through the Registered Nurses Association of the Northwest Territories and Nunavut.

OPHTHALMIC MEDICAL ASSISTANTS ACT

The *Act* provides for the licensing and regulation of Ophthalmic Medical Assistants.

OPTOMETRY ACT

The *Act* provides for the licensing and regulation of Optometrists.

PERSONAL DIRECTIVES ACT

The *Personal Directives Act* allows adults living in the NWT to arrange, in advance, how, when and, who will make decisions about their health care and other personal matters if they later lack capacity to make those decisions themselves.

PHARMACY ACT

The *Act* provides for the regulation of the practice of pharmacy in the Northwest Territories.

PSYCHOLOGISTS ACT

The *Act* provides for the licensing and regulation of Psychologists.

PUBLIC HEALTH ACT

The *Public Health Act* establishes a comprehensive framework for the protection and promotion of public health in the Northwest Territories. It provides for a Chief Public Health Officer (CPHO), includes the surveillance and reporting of communicable diseases, the prevention of health hazards, powers specific to public health emergencies, and a regulatory framework for water supply systems, food establishments and personal service establishments.

SOCIAL WORK PROFESSIONS ACT

The *Act* provides for the registration of licensed social workers (diploma) and registered social workers (Bachelors) and ensures that only qualified individuals are entitled to call themselves social workers.

TOBACCO CONTROL ACT

The Tobacco Control *Act* prohibits the smoking of tobacco, subject to limited exceptions, in public buildings, structures and vehicles.

VETERINARY PROFESSIONS ACT

The *Veterinary Professions Act* provides for the registration requirements for an individual to practice Veterinary medicine in the Northwest Territories.

VITAL STATISTICS ACT

The *Vital Statistics Act* provides for the registration of all vital events that occur in the Northwest Territories (NWT), and issuance of certificates relating to those events.

Appendix 5: Acronyms and Definitions

A	
ASIST	Applied Suicide Intervention Skills Training
B	
BDHSSA	Beaufort Delta Health & Social Services Authority
BF	Brighter Futures
C	
CDM	Chronic Disease Management
CFS	Child and Family Services
CFSA	Child and Family Services Act
CHN	Community Health Nurse
CHSRF	Canadian Health Services Research Foundation
CPHO	Chief Public Health Officer
D	
Dept of HR	Department of Human Resources
Dept of HSS	Department of Health & Social Services
DHSSA	Dehcho Health & Social Services Authority
DI (see also, PACs)	Digital Imaging
E	
EHR	Electronic Health Records
EMR	Electronic Medical Record
F	
FASD	Fetal Alcohol Spectrum Disorder
FSHSSA	Fort Smith Health & Social Services Authority
FTE	Full Time Equivalent
G	
GNWT	Government of the Northwest Territories

H	
HCF	Health Choices Framework
HRHSSA	Hay River Health & Social Services Authority
HSS	Health & Social Services
HSSA	Health & Social Services Authority
I	
IAP	Introduction to Advanced Practice
ISDM	Integrated Service Delivery Model
J	
JSMC	Joint Senior Management Committee
L	
LIS	Laboratory Information System
M	
MHA	Mental Health and Addictions
MHFA	Mental Health First Aid
MRSA	Methicillin-Resistant Staphylococcus Aureus
N	
NGOs	Non-Government Organizations
NIHB	Non-Insured Health Benefits
NP	Nurse Practitioner
NRT	Nicotine Replacement Therapy
NWT	Northwest Territories
NWTMA	Northwest Territories Medical Association
P	
PACs	Picture Archiving and Communications systems
PDI	Professional Development Initiative

R	
REP	Relevant Experience Program
RNANT	Registered Nurses Association of the Northwest Territories
S	
SCOSP	Standing Committee on Social Programs
SHSSA	Sahtu Health & Social Services Authority
STHA	Stanton Territorial Health Authority
STIs	Sexually Transmitted Infections
T	
TB	Tuberculosis
TCSA	Tlicho Community Services Agency
THSSI	Territorial Health System Sustainability Initiative
TSN	Territorial Support Network
Y	
YHSSA	Yellowknife Health & Social Services Authority
YWCA	Young Women's Christian Association

Appendix 6: List of Indicators and Data Sources

Note: The numbers are subject to future revisions and are not necessarily comparable to numbers in past or future tabulations and reports.

Indicator	Data Source
Percentage of children receiving services in their home community	NWT Department of Health & Social Services, *Child and Family Information System*
Percentage of children receiving services in their home or with a relative	NWT Department of Health & Social Services, *Child and Family Information System*
Number of communities with a Child and Family Services Committee Initiated	Community Wellness and Social Services Division
Number of foster families in the NWT (regular, provisional, and extended family)	NWT Department of Health & Social Services, *Child and Family Information System*
Number of NWT communities where respite is available	Community Wellness and Social Services Division
Number of communities with a Healthy Family Program	Community Wellness and Social Services Division
Self-reported health status: % of the population reporting "excellent', or 'very good' health	Canadian Community Health Survey
Ambulatory sensitive conditions as a proportion of overall hospitalizations	Canadian Institute for Health Information, *Discharge Abstract Database*
Rate of hospitalizations where a mental health issue was the primary reason	Canadian Institute for Health Information, *Discharge Abstract Database* and NWT Bureau of Statistics, *Population Estimates.*
STI incidence rate for Chlamydia, Gonorrhea, and Syphilis	NWT Department of Health & Social Services, *Communicable Disease Registry* and NWT Bureau of Statistics, *Population Estimates.*
Percentage of smokers who report being counseled to quit smoking by their primary care provider	NWT Addictions Report – December 2010
Incidence rate of Diabetes in population aged 45-59 years	NWT Department of Health & Social Services, *Chronic Disease Registry*
Estimated lower limb amputation hospitalization rate among population with diabetes	Canadian Institute for Health Information, *Discharge Abstract Database* and NWT Department of Health & Social Services, *Chronic Disease Registry*
Percentage of obese adults in NWT	NWT Addictions Survey, 2009
Prevalence of smoking (15 years and older)	NWT Addictions Survey, 2009

Prevalence of heavy drinking (15-24 years)	NWT Addictions Survey, 2009
Inpatients injured from falls in hospitals	Canadian Institute for Health Information, *Discharge Abstract Database*
Reduced hospitalization rate due to injury and poisoning	Canadian Institute for Health Information, *Discharge Abstract Database* and NWT Bureau of Statistics, *Population Estimates*
Number of standards reviewed, developed and implemented	NWT Department of Health & Social Services
Number of clients receiving homecare in their community	NWT Department of Health & Social Services
Incidence of active tuberculosis	NWT Department of Health & Social Services, *Communicable Disease Registry* and NWT Bureau of Statistics, *Population Estimates.*
Number of clinical professionals using telehealth services (i.e. to provide service, education, doc-to-doc consults)	NWT Department of Health & Social Services
Percentage of total biomedical equipment replaced based on recommended life cycles	NWT Department of Health & Social Services
Percentage of total value HSS Centres scheduled for major upgrade or replacement	NWT Department of Health & Social Services
% of staffing competitions completed within 8 weeks	NWT Department of Human Resources
Percentage of total bed days as alternative level of care	Canadian Institute for Health Information, *Discharge Abstract Database*
No shows (medical travel)	Future Reporting
No shows (specialists)	Stanton Territorial Health Authority
No shows (family practitioners & NPs)	NWT Health and Social Services Authorities
Incidence of community acquired MRSA	NWT Department of Health & Social Services, *Communicable Disease Registry* and NWT Bureau of Statistics, *Population Estimates.*
Percentage of employees who indicate they feel supported within in their work environment	NWT Department of Health & Social Services, *GNWT Employee Engagement & Satisfaction Survey,* August 2011
Hospital acquired infection rates	Future Reporting
Timeliness of response to identified adverse events	Future Reporting
Percentage of residents satisfied with overall health services	NWT Department of Health & Social Services, *2012 Client Satisfaction Questionnaire, April 2012*
Degree to which mental health and addiction services meet the needs of clients	Mental Health and Addictions Community Counseling Program, *Program & Client Performance Indicators Outcome Measures Report*
Data collected and outcome measures reported	NWT Department of Health & Social Services

Kispin ki nitawihtin ā nīhiyawihk ōma ācimōwin, tipwēsinēn.

Cree

'Ɂerıhtł'ıs dëne sųłınë yatı t'a huts'elkër xa beyędyatı theɂą ɂat'e, nuwe ts'ën yółtı.

Chipewyan

If you would like this information in another official language, call us.

English

Si vous voulez ces renseignements en français, contactez-nous.

Français

Jii gwandak izhii ginjik vat'at'ąhch'uu zhit yinohthan jı', ɖatı'ıı̀ ginohkhıı.

Gwich'in

Uapkua titiqqat pijunngupkit Inuinnaqtun, uvaptinnut hivajarlutit.

Inuinnaqtun

ᑕᓂᐲ ᑎᑎᖅᑰᑦ ᐱᓕᕆᔨᒃᑯᑦ ᐃᓄᖅᑎᑐᓴᖅᓯᒪᓂᖅ, ᐅᕙᑉᐸᑎᓂᒃ ᐅᖃᓕ ᐊᓐᔅᑐᑦ.

Inuktitut

UVANITTUAQ ILITCHURISUKUPKU INUVIALUKTUN, QUQUAQLUTA.

Inuvialuktun

K'ehshó got'ıne xədə k'é ładeri ɂedıhtł'é yerınıwę nídé dúle.

South Slavey

Edı gondı dehgáh got'ıe zhatıé k'éé edatł'éh enahddhę nıde.

South Slavey

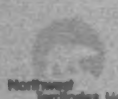
Ɬıchǫ yatı k'ę̀ę̀ dè wegodı wek'ehǫ̀ǫ̀ nę̀ǫ̀wǫ dè, gots'ǫ̀ zoatıè.

Tłı̨chǫ

1-867-920-3367

Measuring Success and Focusing on Results

NWT Health and Social Services System 2011/2012 Annual Report



Northwest Territories Health and Social Services